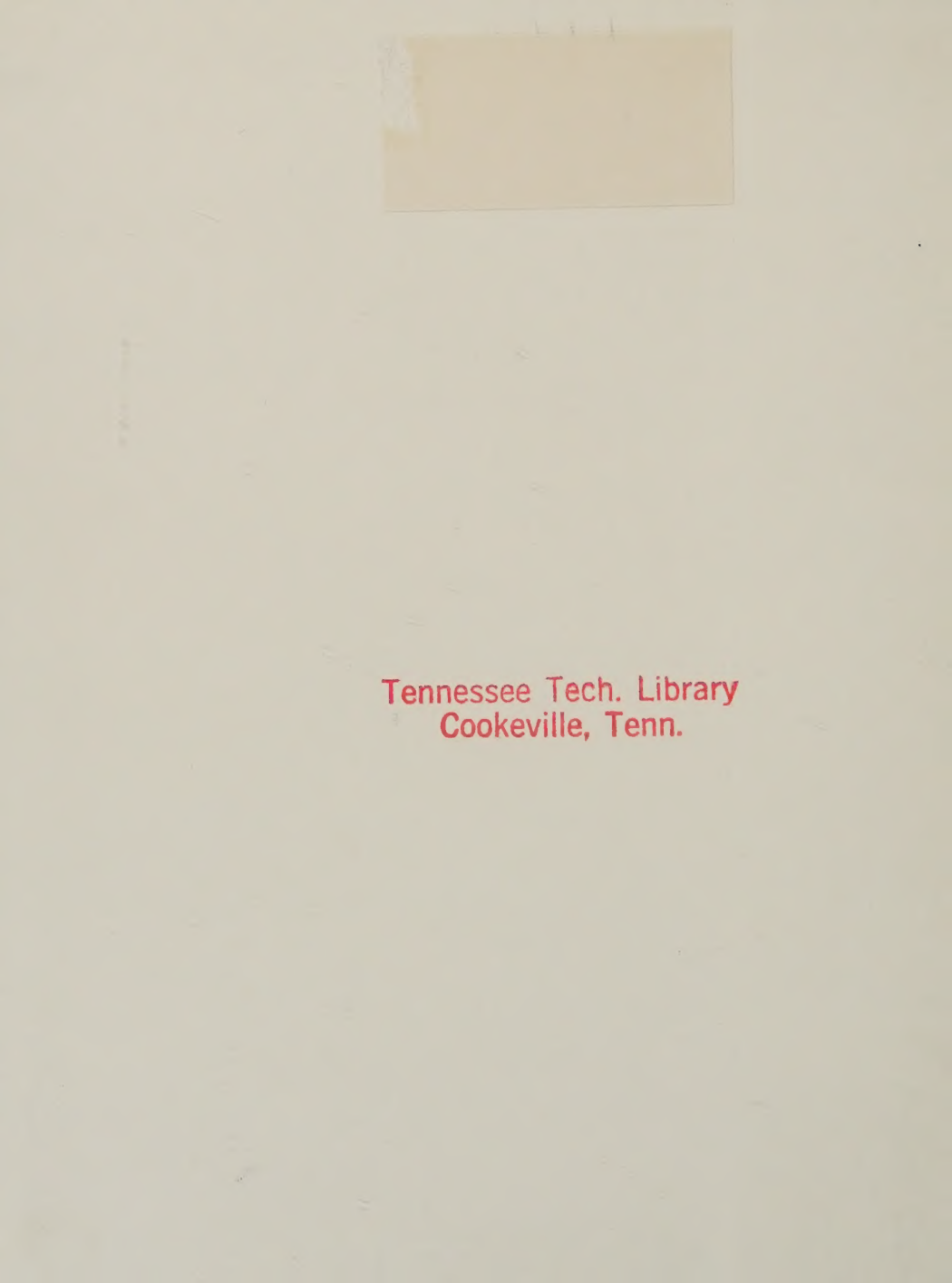


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**BELCHER, SARAH FRANCES WARFEL**  
**ROLE PERCEPTION BETWEEN REGISTERED STAFF**  
**NURSES, HEAD NURSE/NURSE COORDINATORS, AND**  
**SUPERVISORS IN THE REAL AND IDEAL FUNCTIONS.**

**KANSAS STATE UNIVERSITY, PH.D., 1979**

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ROLE PERCEPTION BETWEEN REGISTERED STAFF NURSES,  
HEAD NURSE/NURSE COORDINATORS, AND SUPERVISORS  
IN THE REAL AND THE IDEAL FUNCTIONS

by

SARAH WARFEL BELCHER

B.A., Washburn University, 1956  
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A DOCTOR'S DISSERTATION

submitted in partial fulfillment of the  
requirements for the degree

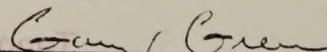
DOCTOR OF PHILOSOPHY

Department of Adult and Occupational Education

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1979

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Major Professor



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## FOREWORD

To function effectively, professional nurses must have a keen perception of their role and functions. It is noted that role assignments of individuals are no longer sharp and role relationships are often unclear. This study attempted to analyze a specific group of nurses functioning in three different positions in relation to their perception of their role in the "real" situation contrasted to what they considered an "ideal" role for that position. The three positions were: 1) Staff nurse, 2) Head nurse/nurse coordinator, and 3) Supervisor.

Statistical analysis was made to determine if there were any significant differences in identified areas of activities among the groups in relation to their real and ideal functions.

## CHAPTER I

### INTRODUCTION

The purpose of this study was to explore the relationship between the real role and the ideal role as perceived by nurse practitioners.

A profession portrays its basic values through its practitioners--its role models. Webster defines role<sup>1</sup> as "a function" and models<sup>2</sup> as "those persons considered as a standard of excellence to be imitated." The nurse role-models of today are different from those of the past. Nursing was first organized under the auspices of military and religious groups. Therefore, the nurse models of yesterday reflected the rigid, authoritarian character of military discipline and the concept of sacrifice and selfless service. The model of today is reflected in men and women who are employed in health institutions or agencies and expect a competitive salary, appreciation, a feeling of worthiness, and an operating democratic philosophy for which they expect to give as much of themselves as they can safely let go.<sup>3</sup>

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<sup>1</sup>Noah Webster, New Twentieth Century Dictionary of the English Language, unabridged 2nd edition (Cleveland and New York: World Publishing Company, 1967), p. 1570.

<sup>2</sup>Ibid., p. 1154.

<sup>3</sup>American Nurses Association, A Position Paper: Educational Preparation for Nurse Practitioners and Assistants to Nurses (New York: The Association, 1965), p. 10.

Judge, in her article "The New Nurse: a Sense of Duty and Destiny," states that nurses have been educated to think as well as to act; and the effects of the thinking nurses have only begun to be felt in the last decade. Nurses have used their new capacities to expand into more responsible roles in which they are directly accountable for their actions. If nurses are going to be increasingly accountable for their actions, they must be able to influence the conditions under which they are going to practice their profession.<sup>4</sup>

#### Need for the Study

Role concepts in nursing have been extensively investigated during the past few decades. Knowledge of the differences in role perception, as well as knowledge of causes and effects, is of major importance in the administration of nursing services. This knowledge is of particular importance when organizational changes are anticipated that could further diffuse roles.

While a role occupant does not always measure up to the behavioral prescriptions applied to him by others, there are usually some generally recognizable, often unspecified limits which circumscribe an individual's sphere of action. Oftentimes boundaries tend to be somewhat elastic, i.e., there is a wide variety of behaviors which may be tolerated

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<sup>4</sup>Diane Judge, "The New Nurse: A Sense of Duty and Destiny," Nursing Digest, November-December 1975, pp. 20-24.

as long as they do not threaten either the well-being of others or the strongly-held values of a society. The latitude permitted for individual behavior within an organizational structure will vary with the size of the organization, the established norms, the characteristics of the individual and the placement in the organization. The continuity of normative behavioral patterns among and between role occupants denotes efficiency of an organization. Rapidly changing roles in nursing no longer make it practical to define any role solely according to tasks and functions within each level of personnel. What might prove valid for one situation could prove equally invalid for another. It is more important to have a mutual understanding or consensus among personnel with interdependent work and needs. Inappropriate or inadequate role performance may be the product of a conflict between role perceptions and role performances. This occurs where the performer faces contradictory sets of legitimate role prescriptions.

In January of 1970, the nursing service at the Veterans' Administration Hospital in Brentwood, California began work on a project, "Plan for Action."<sup>5</sup> The purpose was to develop a dynamic philosophy of nursing care for nursing service. In the process, guidelines for nursing personnel to meet the objectives were developed; and general

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<sup>5</sup>Lottie Johnson and Janice Messick, "Role Study" (Brentwood, California: 1970).

roles and responsibilities for nursing personnel at all levels were defined. These guidelines served as a core concept in planning, implementing, and evaluating nursing activities.

At the beginning of this project, an open-ended questionnaire survey was made of all the registered nurses on the staff. The purpose was to determine how nurses perceived themselves occupying their time on duty and how they felt their time should be occupied. In addition to how they perceived their own role, they were asked to describe how they perceived the nursing role of other positions.

Raw data was gathered, but no statistical analysis was made to determine if there were any significant differences in any general or specific areas of activities. No causal relationships were suggested for further investigation either.

In the hospital setting of this study, nurses in administration were concerned about the turnover rate of staff and were aware of some staff unrest coupled with seemingly decreasing morale. Nursing administration questioned whether or not some of these factors may have been relative to unclear role perceptions--thus, the need for the study. If the data indicated that there was a significant difference between the nurses' perception of the "real" and the "ideal" role, it might identify some areas for evaluation by nursing administration.

### Statement of the Problem

The phrase, "the changing role of the nurse," is heard very frequently at this time in our society. Roles in service change in response to changing needs. Some of the changes have come about due to the increased medical-nursing technology and third-party payers for hospital and medical care. The changes and raising of standards in health care monitored by voluntary agencies have a big influence on roles. The increased awareness of the general public of the availability and use of health care facilities has also made changes for the roles in nursing. The increased awareness of legal accountability and the privacy act has fostered changes. Efforts of nursing as a whole to attain professional status, as well as the changing role status of women in our society, are also having impact on nursing roles.

Due to the scientific advancements, socio-economic changes, and political involvement nurses have broadened their horizons and moved into new fields; yet their role basically encompasses the nursing process of assessing, planning, providing, and evaluating nursing care in the many different settings.

In any organization of a nursing service, there are designated roles which have impact on other nursing roles. With the new roles which have emerged from the identified changes, the spectrum of roles has become more complex. If the personnel in any of these roles does not understand the limits and the flexibility of his own role as well as the



adjacent roles, there is an increased possibility of duplication of effort, failure to complete the work, dissatisfaction with oneself and with other nurses. The result is lack of effectiveness in the nursing care that is provided.

The identification of this lack of effectiveness is a major concern for a nursing administration. Careful study of causative factors is necessary to make appropriate administrative and organizational decisions.

At Topeka Veterans' Administration Hospital, various changes have taken place in the nursing service organization. Some of these changes have incorporated operational ideas of decentralization. This delegates greater authority and responsibility to registered nurses at different levels. It appears that some of the nurses are having a problem understanding their role in the new system. Thus, the identified problem is that nurses are having difficulty understanding their prescribed role. This study was undertaken in order to determine 1) how the nurses perceive their function and 2) if they feel these functions should be a part of their role.

#### Objectives of the Study

The objectives of this study were as follows:

1. To identify the similarities and/or differences in the perceptions of nurses in specific positions in relation to their real and ideal role. These perceptions

were in regard to the specific job descriptions of Staff Nurse, Head Nurse/Nurse Coordinator, and Supervisor.

2. To collect data from these nurses based on their own personal working experience at this hospital. Each nurse was asked to identify from his/her real work situation and state (a) what gives him/her the greatest amount of satisfaction and (b) what he/she feels is his/her greatest source of dissatisfaction.

3. To explore demographic data in relation to the following: (a) age, (b) sex, (c) race, (d) marital status, (e) basic nursing preparation, (f) advanced education, (g) length of time since graduation from school of nursing, (h) number of years of professional nursing experience in hospitals, (i) number of years at present institution, (j) length of time in present position, (k) current employment status (full or part time), (l) present position, (m) usual tour of duty, (n) rotation of shifts, (o) preferred area of practice, and (p) area of current practice.

### Purpose of the Study

The purpose of this study was to explore the relationship between the real and the ideal role as perceived by the Staff Nurses, Head Nurse/Nurse Coordinators, and Supervisors at Topeka Veterans' Administration Hospital. The nursing activities identified in the role functions were:

1. Direct nursing care activities
2. Nursing care planning activities

3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

Since problem areas in an institution may be identified from the perceptions of the personnel performing their activities, provision was made for each participant to identify the greatest satisfactions and dissatisfactions of his/her specific job.

Due to the changing roles in nursing, the data from this study may reveal some areas in which it would be advisable for nursing administration to re-evaluate position descriptions for the purpose of identifying and/or clarifying the role of each position. This clarification would ultimately benefit both the staff and the people they serve.

#### Hypothesis of the Study

It is hypothesized that

I. There is no significant difference among staff nurses, head nurse/nurse coordinators, and supervisors in their perception of the real functions performed according to the following eight scales:

1. Direct nursing care activities
2. Nursing care planning activities
3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

II. There is no significant difference among

staff nurses, head nurse/nurse coordinators, and supervisors in their perception of the ideal functions performed according to the following eight scales:

1. Direct nursing care activities
2. Nursing care planning activities
3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

III. There is no significant difference between the scores relating to the perception of the real functions performed and the ideal functions of staff nurses, head nurse/nurse coordinators, and supervisors according to the eight scales of:

1. Direct nursing care activities
2. Nursing care planning activities
3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

#### Definition of Terms

The following terms are specifically defined as they apply and are used in this study:

Head Nurse/Nurse Coordinator - A registered professional nurse who directs the nursing care and related activities in a unit or building under the supervision of the Assistant Chief, Nursing Service for that area of the hospital.<sup>6</sup>

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<sup>6</sup>V. A. Functions of Head Nurse/Nurse Coordinators, June 20, 1977, Topeka, Kansas.

Ideal - That function which is thought of as perfect or as one would desire.

Professional Nurse - A nurse who has received her professional education in an accredited school of nursing and successfully completed the State Board Licensing examination for Professional Nurse.

Real - Actual function in a specific role.

Role - A set of behaviors that are attributed to or expected of an individual who occupies a particular position within the structure of society.

Role Model - A person performing functions that are considered as a standard of excellence to be imitated.<sup>7</sup>

Role Perception - The awareness or mental grasp of the functions in an identified role.

Role Prescription - As identified by Biddle and Thomas<sup>8</sup> is precisely and overtly defined behaviors expected of an individual occupying a given role.

Supervisor - A registered professional nurse administratively responsible to the Assistant Chief, Nursing Service. He/she interprets, implements, and evaluates policies and procedures incident to maintenance of high-quality care and effective utilization of available staff

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<sup>7</sup>Webster, Dictionary, p. 1154.

<sup>8</sup>B. J. Biddle and E. J. Thomas, Role Theory: Concepts and Research (New York: John Wiley & Sons, 1966), p. 26.

and other resources.<sup>9</sup>

Staff Nurse - A registered professional nurse who provides direct nursing care to individuals and groups of patients under the guidance and direction of a head nurse or nurse coordinator.<sup>10</sup>

### Basic Assumptions

These basic assumptions appear to be relevant to the stated problem:

1. Role perception is influenced by the situation in which the role is enacted.
2. Role performance occurs when an accommodation is made between role prescriptions and role perception.
3. The items on the instrument used in this study were representative of common activities for nursing activities to determine general areas for similarities and differences regarding perceptions.
4. Respondents would express perceptions openly through the use of an anonymously completed questionnaire.
5. Nurses do not have a clearly defined role and they function accordingly.
6. Nurses recognize that there is continuity of the standard behavioral patterns among and between role

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<sup>9</sup>V. A. Functions of Evening and Night Supervisors, June 20, 1977, Topeka, Kansas.

<sup>10</sup>V. A. Functions of Staff Nurses, June 20, 1977, Topeka, Kansas.



occupants.

7. Nurses recognize that the nature of educational experience influences the formulation of role perceptions.

### Limitations of the Study

Subjects were not randomly selected and were limited to those registered nurses (Staff Nurses, Head Nurse/Nurse Coordinators, and Supervisors) employed at the Topeka Veterans' Administration Hospital, who expressed a willingness to participate.

There were approximately 160 nurses who qualified for participation in the study and were contacted for consent. It was not possible to generalize the statistical findings beyond this particular setting. There may be a possibility that the findings from this study could be incorporated into the general decision making in the managerial strategy for attempting to cope with problems of productivity, turnover, and absenteeism among registered nurses.

### Summary

The role of the nurse of today has changed in response to the changes that are taking place in our society. Designated roles in nursing are identified by behavioral prescriptions which attempt to provide continuity of normative behavioral patterns among and between role occupants whose work and needs are interdependent.

When organizational changes are made within a

nursing setting, some of the personnel in these roles change. If the nurse does not perceive the prescribed role as identified by the job description, various behavioral changes may occur.

The need for the study was identified by the presence of staff turnover, unrest, and decreasing morale within the hospital. There was a question as to the relationship of these factors to the role perception of the nurses in these positions. The problem was that the nurses were having difficulty understanding their role.

The purpose of the study was to explore the relationship between the real and the ideal role functions as perceived by staff nurses, head nurse/nurse coordinators, and supervisors. The nursing activities were identified relative to the prescribed role functions. Nurses were asked to identify the activity that gave them most satisfaction in their job and that activity which was the greatest source of dissatisfaction. Demographic data also was requested.

It was hypothesized that there is no significant difference in role perception among the three groups of registered nurses in relation to the "real" and their "ideal" role functions.

There were some limitations to the study, and it was not possible to generalize the statistical findings beyond the participating setting.

## CHAPTER II

### REVIEW OF LITERATURE

#### Introduction

The review of literature includes books, articles, abstracts and research related to perception, prescription, role conception, and conflict in nursing. Particular attention was paid to literature concerning role perception.

An ERIC (Education Resources Information Center), DATRIX (Dissertation Abstracts), and Medline (medlars on-line, i.e., medical information) search was performed. The amount of "role perception" literature was somewhat limited in relation to staff nurses, head nurses, and supervisors. A great deal of information has been published relative to the neophyte nurse, clinical nurse specialists, primary nursing, and the expanded role of nursing.

#### Role Theory

There is a variety of definitions of role theory representing different disciplines, different points of view within a single discipline, and, in some cases, different formulations of an individual author.

Role theory is a new field of study in the domain of real life behavior as displayed in genuine ongoing social

situations which include influences such as the prescriptive framework of demands and rules, the behavior of others as it facilitates or hinders and rewards or punishes the positions of which the person is a member, and the individual's own understanding of, and reactions to, these factors.<sup>1</sup>

Numerous principles of role theory have been identified. Some of the more predominant ones are: 1) the interaction process is tentative in that an individual is continually testing the role of another individual. 2) Stabilized roles tend to be assigned the character of legitimate expectation. Deviation from this expectation is seen as a violation of trust. 3) There is a strain between the tendency for an individual to create a role or to bring with him a role not already incorporated into the system or the established organization. In this kind of situation, a strain may develop between the formalized or traditional role definitions and the informal role structure.<sup>2</sup>

Behavior is assigned to a role and then it is interpreted as it assumes meaning in that assignment. Once stabilized, the role structure tends to persist, regardless of changes in personnel. When one person leaves a group and

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<sup>1</sup>Biddle and Thomas, Role Theory: Concepts, p. 17.

<sup>2</sup>H. C. Moidel and J. W. McVay, "The Roles of the Clinical Specialist," The Clinical Nurse Specialist: Interpretations, ed. by Joan P. Riehl and J. W. McVay (New York: Appleton-Century Crofts, 1973), pp. 272-282.

is replaced by another, there is a tendency to allocate to him the role played by the former member. This is referred to as role persistence. The adequacy or inadequacy of a role is determined by comparing the behavior of the person with his conception of the role. If the emphasis is different, conflict results.

Role conflict occurs when there is no immediate way of coping effectively with two different roles. Turner and Hadley agree that resolution of such a conflict from an interactive framework consists of making creative compromises. The compromises are with the functional relationships of both roles and the relevant others, and can be maintained rather than having to abandon one role relationship in favor of the other.<sup>3</sup>

Role making is a gestalt-making process. A role may not be conceived as a role when it is related to one single relevant other role, but Turner says it may be comprehended when seen as interacting with several other roles.<sup>4</sup> Verification of a role comes from both internal and external sources.

Reihl and McVay say that there are two normative elements in the concept of role: 1) a minimum of

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<sup>3</sup>Joan P. Riehl and Joan Wilcox McVay, The Clinical Nurse Specialist: Interpretations (New York: Appleton-Century Crofts, 1973), p. 59.

<sup>4</sup>Ralph Turner, "Role-Taking, Role Standpoint, and Reference--Group Behavior." Selection 14 in Biddle and Thomas' Role Theory, pp. 151-159.

predictability be a precondition of interaction, and 2) the behavior of an actor be consistent within the confines of a particular role. Mechanisms must be incorporated into the role to afford the actor some latitude for action.<sup>5</sup>

Role changes generally occur as a result of a perceived need. They occur as a result of interactions, delineations, restructuring, and legitimation from all interacting members in that role. After role delineations have been legitimated by interacting members of that role, less role conflict occurs.

Functions of each actor in the identified role are both unique and similar in nature. If each person does not carry out his unique function, those unassumed functions will be delegated to existing members of the role or new members will be introduced to assume these functions.<sup>6</sup>

Gross, Mason, and McEachern have identified three categories of roles. They are 1) the role is either equated with or defined to include normative culture patterns; 2) the individual's definition of his situation is with reference to his and others' social positions; and 3) the

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<sup>5</sup>Riehl and McVay, Clinical Nurse Specialist, pp. 52-65.

<sup>6</sup>Juanita F. Murphy, "Role Expansion or Role Extension: Some Conceptual Differences," Nursing Forum, Vol. IX, No. 4 (1970), pp. 380-389.



behavior of actors occupying social positions.<sup>7</sup>

When role is equated with or defined to include normative culture patterns, the term status merges. Linton, in his book, The Study of Man,<sup>8</sup> gives as a basis for the introduction of status and role concepts three distinct elements which are prerequisite for the existence of a society:

. . . an aggregate of individuals, an organized system of patterns by which the interrelations and activities of these individuals are controlled, and the esprit de corps which provides motive power for the expression of these patterns.<sup>9</sup>

Linton further elaborates on status which, in the abstract, is a position in a particular pattern. Unless it is qualified in some way, it refers to the sum total of all the statuses which a person occupies.

. . . a status, as distinct from the individual who may occupy it, is simply a collection of rights and duties . . .

A role represents the dynamic aspects of a status. The individual is socially assigned to a status and occupies it with relation to other statuses. When he puts the rights and duties which constitute the status into effect, he is performing a role. Role and status are quite inseparable, and the distinction between them is of only academic interest.<sup>10</sup>

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<sup>7</sup> Neal Gross, Ward S. Mason, and Alexander W. McEachern, Explorations in Role Analysis: Studies of the School Superintendency Role (New York: John Wiley and Sons, Inc., 1958).

<sup>8</sup> Ralph Linton, The Study of Man (New York: D. Appleton-Century Co., 1936).

<sup>9</sup> Ibid., p. 107.

<sup>10</sup> Ibid., pp. 113-114.

Newcomb says that "the ways of behaving which are expected of any individual who occupies a certain position constitute a role . . . associated with that position."<sup>11</sup> Bennett and Tamin define role as "what the society expects of an individual occupying a given status. This implies that any status is functionally defined by the role attached to it."<sup>12</sup>

When role is treated as an individual's definition of his situation, Sargent says that a person's role is a type of social behavior which seems appropriate to him in terms of the demands and expectations of those in his group. Parsons and Shils say that action is behavior which is oriented to the goals, takes place in situations, is normally regulated, and involves expenditure of energy or effort.<sup>13</sup>

The third category (defined by Gross et al) deals with role as the behavior of actors occupying social positions. It does not refer to normative patterns for what should be done. Nor does it refer to a person's orientation to his situation. It refers to what is actually done in the position by the actor.

The sociologists, Parsons and Davis, say that

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<sup>11</sup>Theodore M. Newcomb, Social Psychology (New York: The Dryden Press, 1951), p. 280.

<sup>12</sup>John W. Bennett and Melvin M. Tamin, Social Life, Structure and Foundation (New York: Alfred A. Knopf, 1948), p. 96.

<sup>13</sup>Gross, Mason, and McEachern, Explorations in Role Analysis, pp. 12-13.

interaction implies behavior and requires a concept to represent how individuals do behave in addition to how they should behave. What Davis defines as a role, Newcomb calls role behavior and Sarbin role enactment. The three basic ideas which appear in most of the conceptualizations considered are that individuals: "(1) in social locations (2) behave (3) with reference to expectations."<sup>14</sup>

### Nursing

Many functions in nursing have increased. Some of the added activities include managerial tasks as well as many functions previously carried out by physicians. Nurses assume responsibility for supervision and education of aides, orderlies, and Licensed Practical Nurses. Nurses are involved in many activities which make them less directly accessible to the patient. Many of these functions are not compatible with the goals of the new practitioner (the new nurse who is engaged in the actual use of the nursing profession). Thus, many new practitioners experience difficulty in making the transition from student to practitioner in the hospital.

Kramer's study of seventy-nine recently graduated baccalaureate nurses indicated that within three months of employment, nine percent had abandoned nursing as a career. Six months after employment, only sixteen percent intended to remain in their present job. Those who retained their

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<sup>14</sup>Ibid., p. 17.

jobs made little impact on changing nursing practice within hospitals. Nurses in hospitals continue to be more involved in and more rewarded for management. This is almost to the point of exclusion of direct involvement with patient care.

Kramer feels that nursing service administrators are generally critical of educators for emphasizing individualized patient care, psychological aspects of care, and use of intelligence and creativity in the solution of problems. Meanwhile, nursing educators are accusing nursing service of being procedure and task oriented, traditionally rigid, and preoccupied with established routines, physical tasks, and technical proficiency. This conflict has brought about an increasing number of studies done in relation to role perceptions.

"Reality Shock," a term defined by Kramer, is used to describe the phenomenon and the specific shock-like reactions of new workers when they find themselves in a work situation for which they have spent much preparation. They should be prepared to work but suddenly find that they are not.<sup>15</sup> Kramer's book focuses on the discrepancy and shock-like reaction that follows when the "aspirant professional perceives that many professional ideals and values are not operational and go unrewarded on the work setting."<sup>16</sup>

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<sup>15</sup>Marlene Kramer, Reality Shock (St. Louis: E. V. Mosby, 1974), preface.

<sup>16</sup>*Ibid.*, Preface, p. viii.

Much of what can be done about "reality shock" is up to staff nurses, head nurses, supervisors, administrators, and in-service nurse educators. Many nurses occupying these positions have already encountered reality-shock and dealt with it in their own way. For some nurses, this reality-shock was maladaptive and not growth producing.

The more a program moves away from an apprentice-type system toward an educational program designed to prepare nurses to deal effectively with the knowledge and technological explosions, the greater will be the likelihood of producing school/work conflict and reality shock. Kramer says conflict itself is not bad. It is stimulating and healthy. The unhealthy element is the production of graduates who do not expect the conflict and who have not developed strategies for handling it in a growth-producing manner. Social influences have a definite impact on these graduates.

Kelman defines three processes we go through in social influence--compliance, identification, and internalization. Compliance occurs when an individual accepts influence from another person or group. This may not be because he believes in its content but because he wants favorable reaction from the source. Compliance, in this case, is an instrument for getting approval, i.e., promotion, raise, or maybe just holding a job.<sup>17</sup>

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<sup>17</sup>H. Kelman, "Processes of Opinion Changes," Public Opinion Quarterly 25 (1): 57-77 (1961).



Identification occurs when an individual learns to imitate the behavior of a desired role model. This is done by using selectivity in choosing the attitudes and actions to be imitated rather than completely parroting a total behavior pattern.

Internalization occurs when the individual accepts influences and believes in them. These influences then become an integrated part of his value system. Those persons who have completed the internalization process stabilize the system.

Studies in nursing have dealt with a variety of problems related to the nurse's role within the institutional setting. Bevis attempted to determine if there was a relationship between the role conception held by a nurse at the end of her first year of graduate practice and her participation in continuing learning activities. One of the instruments used in this investigation was developed by Corwin on role conception. The instrument was designed to measure the bureaucratic component, professional component, and the service component. Each item consisted of two parts: a question concerning what should exist in nursing, and a question concerning what does exist in the respondent's situation. Bevis contended that researchers in nursing should re-examine the influence of role conception, including the service component, in some of the previously explored areas such as success in hospital nursing, professional disillusionment, career commitment, or job



migration.<sup>18</sup>

In another study, Smith attempted to describe perceptions of head nurses, clinical nurse specialists, nursing service educators, and nursing service office personnel with regard to performance of selected nursing activities. Participants responded to a 124-item questionnaire by indicating what they perceived to be their own work and the work of the other three personnel categories. Findings concluded that there was little agreement by any category of personnel regarding their own functions or those of any other category. Every function assigned by a category to itself was perceived by each person to be performed by at least one other category. Head nurses viewed themselves as predominantly handling counseling and administrative functions. This was also the view of the other personnel categories. There were discrepancies between head nurses and other categories of personnel regarding their functions in patient care and staff development.<sup>19</sup>

Smith further stated that the absence of unanimity for nearly one-third of the activities is perceived to be a reflection that the activity is perceived to be performed by

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<sup>18</sup>Mary E. Bevis, "Role Conception and the Continuing Learning Activities of Neophyte Collegiate Nurses," Nursing Research, May-June 1973, Vol. 22, No. 3, pp. 207-216.

<sup>19</sup>Mary Collette Smith, "Perceptions of Head Nurses, Clinical Nurse Specialists, Nursing Educators, and Nursing Office Personnel Regarding Performance of Selected Nursing Activities," Nursing Research, November-December 1974, Vol. 23, No. 6, pp. 505-511.

a category of personnel not named in the options of the questionnaire, i.e., the team leader or staff nurse. Smith recommended further study as a within-institution study of perceptions of categories of personnel regarding role functions and expectations of themselves and others.

Dickerson points out that

Today we are observing many changes in the delivery of health care; the availability of health care is changing from a right to a demand; support for health care is changing from the private citizen to the public; planning responsibility is shifting from professionals to consumers and legislators; health care delivery is changing from the hospital to the community; and emphasis is changing from treating the sick to the prevention of illness, with the focus on the family rather than the individual.

Along with these changes in the broader scope of health care directly, nursing is also experiencing radical changes. We are seeing these changes in standards of practice, types and methods of education, role identification, and daily technical and legal complications of the environment within which the profession exists.<sup>20</sup>

Dickerson further identifies the components of the nurse's role as planning, implementation, evaluation, and research. These components apply regardless of educational area of interest or expertise or the position held. Dickerson goes further in saying that planning is a major component of the nursing role. Implementation has been romanticized as "the art of nursing" and has the potential for being the most creative, communicative, and satisfying component of

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<sup>20</sup>Thelma Dickerson, "Roles and Responsibilities for Nursing Service." Paper from Regional Conference: NLN Collaboration for Quality Health Care: Nursing Education--Nursing Service. Pub. #14-1654 (1977).

the nursing role.

Webster defines evaluation as "the process of determining the significance of worth by careful appraisal and study."<sup>21</sup> The practitioner evaluates by looking at the responses of the patient to determine whether or not the implementation of the plan of care has been effective. The research component provides the framework in which nursing will grow stronger as a profession, and at the same time its role will become more uniquely delineated.

Some functions described as a nursing role are not synonymous with the functions in some nursing service position descriptions. The practitioner must understand, appreciate, and be able to identify his/her role in health care.

Within the last ten years, the role of the clinical nurse specialist has been discussed a great deal in the literature. These professionals are "coming into their own" in the health care system. Georgopoulos and others have done studies on the role model of the clinical nurse specialist. In these studies, they have been compared with the traditional staff-nurse and head-nurse roles. To accommodate this role, hospital administrators and directors of nursing find they have to establish positions for the clinical nurse specialist. This undoubtedly will result

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<sup>21</sup>Webster, Dictionary, p. 632.

in some reorganization of the hospital nursing service.<sup>22</sup>

Wood states that the majority of nurses work in bureaucratically organized medical-care settings that emphasize hierarchy and conformity and discourage individuality and autonomy. Kramer found that nurses with any degree of career orientation will experience conflict between their professional goals and those of the bureaucracy.<sup>23</sup>

A study of two basic orientations to the nursing role was conducted by Bullough and Sparks. One orientation focused on caring for patients, the other on curing their illness. Students were studied in relation to their role orientation--care or cure. Findings indicated that students from each kind of program (a baccalaureate and associate degree) do differ in orientation, and this dichotomy does present some problems.<sup>24</sup>

Melies offered a theoretical basis for the diagnosis of role insufficiency and role supplementation. Role insufficiency was anticipated and experienced by clients during role transitions with developmental, situational,

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<sup>22</sup>B. S. Georgopoulos and Luther Christman, "The Clinical Nurse Specialist: A Role Model," American Journal of Nursing, May 1970, pp. 1030-1039.

<sup>23</sup>D. Jean Wood, "Resocialization: The Changing Roles of Women in Nursing," The Michigan Nurse, July 1976, pp. 8, 9, 20.

<sup>24</sup>Bonnie Bullough and Coleen Sparks, "Baccalaureate vs. Associate Degree Nurses: The Care-Cure Dichotomy," Nursing Outlook, November 1975, pp. 688-692.

and health-illness implications. The conceptual basis of nursing intervention was role supplementation.<sup>25</sup>

Benner and Kramer held that conflict could be expected when a nurse, who has been educated along the professional lines of work organization, is employed in an organization which depends on division of labor and specialization for maximal utilization of limited resources. This conflict is identified as role deprivation and refers to the disparity between the idealized role functions and the perceived opportunities to fulfill these conceptualized functions.<sup>26</sup>

### Conclusions

Role theory is a new field of study, and there seems to be no end to the definitions of role. Thomas and Biddle suggest that the term by itself be used to denote the generic idea.

Stabilized roles (which could be identified as position descriptions) have been assigned the behaviors of legitimate expectation. Once stabilized, the role tends to persist. In the event of a change in personnel, the role remains the same. If the behavior of the new person is

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<sup>25</sup>Afaf Ibrahim Melies, "Role Insufficiency and Role Supplemental," Nursing Research, July-August 1975, pp. 264-271.

<sup>26</sup>Patricia Benner and Marlene Kramer, "Role Perceptions and Integrative Role Behavior of Nurses in Special Care and Regular Hospital Nursing Units," Nursing Research, January-February 1972, Vol. 21, No. 1, pp. 20-29.



different than the accepted conception of the role, conflict results.

Role changes usually occur as a result of perceived need. When these changes occur, the individual is expected to behave in the role associated with that position.

Research relating to role perception of staff nurses, head nurses, and supervisors is extremely limited. Much work has been done concerning the neophyte nurse, clinical nurse specialists, primary nursing, and the expanded role of the nurse.

Today, many changes are being observed in the delivery of health care. Nursing functions have increased, and the role of the nurse has changed. There is a dichotomy in the expectations of the nurse educator and the nursing service administrator. This causes conflict in the new worker because he/she suddenly finds he/she is not prepared to work in the nursing service situation. This is referred to as "Reality Shock" by Kramer. Some nurses experience the social influences of compliance, identification, and internalization and become disillusioned. Often they are not able to attain personal stability nor are they able to help stabilize the system.

Bevis contended that researchers in nursing should re-examine the influence of role conception. This examination should include the service component, success in nursing, professional disillusionment, career commitment, and job migration. This contention was based on the results



of her study on the relationship of the role conception of the nurse at the end of the first year of graduate practice to her participation in continuing learning activities.

Smith attempted to describe perceptions of head nurses, clinical nurse specialists, nursing service educators, and nursing service personnel in relation to selected nursing activities. There was little agreement among these groups.

Benner and Kramer relate that conflict is identified as role deprivation. They refer to the disparity between the idealized role functions and the perceived opportunities to carry out the functions.

The findings in the studies noted point to the need for further study. Differences between the expected functions in the ideal role and the opportunity for the new graduate to carry out these functions were identified. Studies also identified that conflicts do arise when nurses are unable to fulfill their role.

## CHAPTER III

### METHODOLOGY

#### Population and Sample

This study was done utilizing the registered nurses currently employed at Topeka Veterans' Administration Hospital. These nurses were functioning in the positions of 1) Staff Nurse, 2) Head Nurse/Nurse Coordinator, and 3) Supervisor.

The sample size was 160 registered nurses all of whom were employed in the stated positions at Topeka Veterans' Administration Hospital. They were chosen on their willingness to participate in the study.

#### Data Gathering Instrument

The instrument used in this study was a questionnaire. The questionnaire was developed from studies defining the functional role of nurses and the job descriptions of those positions in the Topeka Veterans' Administration Hospital. The questions were developed using the following eight categories of nursing activities: direct nursing care, nursing care planning, medical-legal, administrative, coordinating, supervisory, counseling, and teaching activities.

These nursing activities were arbitrarily established by two investigators, Johnson and Messick, in their

study done at Brentwood, California, in 1970. The activities were identified from a composite of responses obtained from an open-ended survey questionnaire in addition to studies defining the functional role of nurses found in the literature. The content validity of these categories was established by a panel of judges who are leaders in the field. The activities of the categories are defined as:

1. DIRECT NURSING CARE ACTIVITIES

Activities performed directly with an individual patient, patient and family, or a group of patients. These occur either in the hospital or in the community. Some examples would be:

Ministering to physical needs and personal hygiene

Planned or unplanned interactions

Direct observations of physical or behavioral changes

Administration of prescribed medications or treatments

Health teaching to a patient and/or his family

Directly supervising a patient in prescribed activities or health practices

2. NURSING CARE PLANNING ACTIVITIES

Activities asserted in planning for nursing's contribution to the total therapeutic program for a patient's care. Some examples would be:

Conducting nursing care conferences

Initiating and maintaining current Nursing Care Plan cards

Attendance and participation in ward team meetings to plan patient care programs, discharge planning, etc.

Communication: face-to-face, in writing, or by telephone to exchange information necessary to plan nursing care of a patient

### 3. MEDICAL-LEGAL ACTIVITIES

Activities done in recognition of the medical-legal aspects of nursing care actions. Some examples would be:

Checking, charting, and signing orders carried out

Charting nursing actions, observations of patient's condition, and responses to nursing actions

Preparing and reviewing reports of unusual incidents to patients, fires, thefts, etc.

Providing for the records and safekeeping of narcotics, poisons, and other drug supplies on the ward

Providing for the safekeeping of patient's effects or funds

Communicating face-to-face, in writing, or by telephone to exchange information necessary to accomplish any of the above

### 4. ADMINISTRATIVE ACTIVITIES

Activities in the overall management of personnel, equipment, and supplies necessary to maintain an on-going nursing care program. Some examples would be:

Time and Leave planning. Anticipating and planning for staffing needs. Interpreting and implementing administrative policies as they relate to the nursing care program

Arranging for the ordering and maintenance of nursing supplies and equipment

Attending and participating in administrative meetings both with nursing and other services

Face-to-face, written, or telephone communications to exchange information necessary to accomplish any of the above

### 5. COORDINATING ACTIVITIES

Activities in coordination with other nursing team members, or with other services, to implement nursing's part of the total treatment program. Some examples would be:

Scheduling daily work assignments for personnel under your supervision

Scheduling patient's appointments or activities

Scheduling personnel or interdisciplinary meetings, individual or group

Communicating face-to-face, in writing, or by telephone to accomplish any of the above

#### 6. SUPERVISORY ACTIVITIES

Activities with personnel assigned under your supervision who provide direct or indirect patient care. Some examples would be:

Observing and evaluating ongoing nursing care activities for the purpose of maintaining and improving standards of nursing care practices

Providing guidance and making suggestions to improve nursing care practices

Supervising and/or directing nursing personnel in the accomplishment of direct and indirect nursing care activities

Communicating face-to-face, in writing, or by telephone to exchange information necessary to accomplish any of the above

#### 7. COUNSELING ACTIVITIES

Activities with nursing personnel in evaluating work performance, interpreting policies as they relate to personnel, and problem-solving personnel and interpersonal problems. Some examples would be:

Verbal and/or written performance evaluations

Verbal and/or written counselings

Communicating individually or with groups for the purpose of exchanging information necessary to accomplish the above

#### 8. TEACHING ACTIVITIES

Activities with nursing personnel or those from allied disciplines for the purpose of increasing skills and knowledge of nursing practices. Some examples would be:

Identifying learning needs and providing individual or group nursing consultation to meet them

Planning and participating in in-service programs

Providing on-the-spot teaching, directly and by example

Contributing to the clinical learning experiences of students

Planning and participating in the orientation of new personnel

Communicating face-to-face, in writing, or by telephone for the purpose of exchanging information necessary to accomplish any of the above

### Content Validity for the Instrument

The instrument used in this study was a questionnaire containing a statement of forty-eight different functions relating to the eight nursing activities. (See Appendix E, page 123.) Subjects were asked to identify their own perception of their real and the ideal functions.

Content validity of the instrument was validated by a panel of experts in nursing. The members of the panel were:

Mrs. Lottie I. Johnson, R.N., Chief, Nursing Service

Mrs. Mildred A. Brown, R.N., Assistant Chief, Nursing Service

Mrs. Edna L. Wood, R.N., Associate Chief, Nursing Service for Education

The members of the panel met many times to arrive at a consensus that the items did reflect the prescribed role as identified in the job description for the three positions used. Prior to the first meeting of the panel, the



investigator had formulated statements relative to the functions identified in the job description for staff nurses, head nurse/nurse coordinators, and supervisors. The statements pertained to the eight nursing activities.

At the first meeting, each member of the panel individually identified functions done by nurses in each of the three positions. Functions on which there was disagreement were eliminated, revised, or substitutions made until there was consensus. The final forty-eight functions reflected the eight nursing activities identified as direct nursing care, nursing care planning, medical-legal, administrative, supervisory, counseling, teaching, and coordinating activities. The test instrument was ultimately composed from these forty-eight items.

#### Administration of the Instrument

Participants were asked to complete the questionnaire by identifying whether the statement of function was

1. definitely not a part of this role
2. part of the role on a limited basis
3. part of the role most of the time
4. definitely part of the role
5. undecided

These options were in relation to their role functions at the present time, i.e., their "real" role.

Subjects were also asked to identify in the same manner what they perceived to be the "ideal" role function for their position, i.e., the "ideal" role.

In another section, participants were asked to identify the function from which they derived the greatest satisfaction from their job. They were also asked to identify the greatest source of dissatisfaction in their job.

The questionnaire also included demographic data. The significance of the data to this study was questionable, but it gave a more complete picture of the participating population.

### Data Collection

The process for collecting the data included obtaining permission from the Chief, Nursing Service at Topeka Veterans' Administration Hospital. Permission was requested for conducting the study at this institution and for contacting the Staff Nurses, Head Nurse/Nurse Coordinators, and Supervisors for the purpose of soliciting their participation in the study.

After obtaining permission from the Chief of Nursing Service at Topeka Veterans' Administration Hospital to utilize her service and involve the nursing personnel in the study, it was necessary to obtain approval of the Hospital Research Committee to conduct the study. Permission was granted. (See Memorandum, Appendix A, page 115, and excerpts of the Research Committee's minutes in Appendix B, page 118.)

It was desirable to do a pilot study using a group of respondents who were a part of the intended test population but would not be a part of the sample. All Veterans'

Administration Hospitals operate under the same system and control. There were three Veterans' Administration Hospitals within a radius of one hundred fifty miles from Topeka. The Kansas City Veterans' Administration Hospital was most comparable to Topeka's in size, services, and number of nursing personnel. The Chief, Nursing Service, was contacted.

Permission was granted from the Chief of Nursing Service at the Kansas City Veterans' Administration Hospital to utilize the facility for the pilot study. (See Appendix C, page 119.) Contact was made with the Nursing Research Committee at that institution. A meeting was held to discuss the study. The Kansas City Veterans' Administration Nursing Research Committee members participated by distributing and collecting the questionnaires for the study. The anonymity of the participants was assured by their returning the questionnaire to an impartial designee at a central location. One hundred (100) questionnaires were distributed. Thirty-seven (37) were returned (this was a thirty-seven percent return). The questionnaire consisted of forty-eight (48) items with forced-choice answers for the "real" and the "ideal" situation. The questionnaire took seven pages of regular type with the top third of the page utilized to identify the columns--the apparent length and bulkiness of the packet may have been a barrier which discouraged some of the potential subjects from participating. (See Appendixes D and E, pages 121 and 123.) Alpha coefficient was computed,

which revealed a reliability of .91.

For the in-depth study done at Topeka Veterans' Administration Hospital, the same questionnaire was reduced in size. All forty-eight items were printed on one side of one sheet of paper. The material pertaining to the demographic data and identifying the greatest satisfactions and dissatisfaction was printed on the reverse side. This was printed on canary-yellow paper.

All registered nurses at Topeka Veterans' Administration Hospital were contacted for consent to participate. This was done by a cover letter attached to the questionnaire. (See Appendix F, page 130.) A sealable envelope with return symbol to Central Nursing Office Secretary was also attached to the questionnaire. The day-nursing supervisors distributed the questionnaires to their head nurse/nurse coordinators, who in turn gave the questionnaires to each of her staff nurses. Each subject returned his/her questionnaire to the designated area. There were one hundred nine (109) returned. This was a sixty-eight percent (68%) return.

### Analyses of the Data

Testing of this study's hypothesis involved four statistical tests. The analysis of variance was applied since the study included one measure on two or more groups of subjects for eight scales. The alpha coefficient reliability analysis was used for the eight scales of the real and the ideal functions as well as the scale difference.

Analysis using Fisher's Least Significant Difference was done on all scales. A t test was used for the mean differences to determine the probability that the difference between the means was a real difference rather than a chance difference.

### Summary

This research was concerned with the examination of the perception of professional nurses' real and ideal functions in their role. The function as listed was the independent variable. The perception of the real and ideal was the dependent variable.

Testing of these hypotheses involved the development of eight scales which were used to obtain measures for these variables. The hypotheses were tested with the following statistical tests: alpha coefficient for each scale, analysis of variance to identify the relationship of the groups, Fisher's Least Significant Difference, and the t test. The findings of this study are provided in the next chapter.

## CHAPTER IV

### ANALYSIS

#### Introduction

The findings reported in this chapter are presented in three major sections: 1) a summary of the demographic data, 2) restatement of the null hypothesis, and 3) the findings.

The findings were based upon statistical analysis of the data. The data was arranged in the following sequence for each of the eight nursing activities:

First, the numbers of the items that comprised each scale were listed. The alpha coefficient for each scale was noted.

Second, a summary table was presented which illustrated the results of the analysis of variance for the nursing functions in the real role. A table of the means for the same function followed. The content of the table of means was written in narrative form.

Third, a summary table was presented which illustrated the results of the analysis of variance for the nursing functions in the ideal role. A table of the means for the same function followed. The content of the table of means was written in narrative form.

Fourth, a summary table was presented which



illustrated the analysis of variance for the nursing activities difference. A table of the means as determined by Fisher's Least Significant Difference followed. The content of the table of means was written in narrative form. The results of the t test were identified.

Fifth, the action related to retention or rejection of the null hypotheses was identified in the summary of the findings.

Selected findings which were not a part of either the personal characteristics or statistical analysis are presented in Chapter V.

The frequency for the responses to each item on the instrument in the real and the ideal role appears in Appendix G, page 131. This appendix is included for information only. No statistical computations were made.

The values of F from the analysis of variance are presented in relation to the hypothesis. Obtained F values were tested at the .05 level of significance.

#### Demographic Data

The 109 respondents involved in this study represented 85 staff nurses, 18 head nurse/nurse coordinators, and 6 supervisors. The age, sex, marital status, and race are noted in Table A.

TABLE A

Age, Sex, Marital Status, and Race  
of Participants in the Study

| Age (years) |    | Sex       |    | Marital Status |    | Race          |    |
|-------------|----|-----------|----|----------------|----|---------------|----|
| Minimum     | 22 | Female    | 99 | Married        | 63 | White         | 89 |
| Mean        | 42 | Male      | 3  | Divorced       | 22 | Black         | 8  |
| Maximum     | 70 | Not noted | 7  | Single         | 13 | Not indicated | 12 |
|             |    |           |    | Widowed        | 7  |               |    |
|             |    |           |    | Not noted      | 3  |               |    |

The age of the participants ranged from the youngest of 22 years to the oldest, who was 70. The mean age was 42 years with a standard deviation of 11. There were 99 females, 3 males, and 7 who did not identify their sex. Of this group, 63 were married, 22 divorced, 13 single, 7 widowed, and 3 not reported. Eighty-nine of the nurses were white, 8 were black, and 12 did not indicate their race.

The professional education of the subjects is listed in Table B.

TABLE B

Summary of Basic Nursing Education  
and Advanced Education

| Basic Preparation        | Number | Number with<br>Advanced Education |
|--------------------------|--------|-----------------------------------|
| Diploma                  | 93     |                                   |
| A. A.                    | 3      |                                   |
| B. S. N.                 | 10     | 9                                 |
| Not noted                | 3      |                                   |
| B. S. other than nursing |        | 14                                |

For basic nursing preparation, 93 of these nurses graduated from diploma programs, 3 from an associate degree program, 10 with a baccalaureate degree in nursing, and 3 were not recorded. For advanced education from their basic nursing program, 9 nurses had received a Bachelor of Science in Nursing, 14 had a Bachelor's in an area other than nursing, and 86 had no advanced educational degree.

Figure 1, page 45, shows the dates the participants graduated from their basic nursing education program. The earliest graduation date for the nurses in this study was 1930, and the latest graduation date was 1977. The mean year for graduation from the school of nursing was 1957, with a standard deviation of 11.6.

Figure 2, page 46, shows the number of years of professional experience the participants had in hospital settings. The minimum amount of experience in a hospital setting was 1 year; the maximum was 42 years. The mean was 16.9 with a standard deviation of 10.5 years.

Figure 3, page 47, shows the number of years the participants have been at the present institution. The number of years the nurses have worked in the present institution varied from less than 1 year to a maximum of 45 years. The mean number of years at the present institution was 9.2 with a standard deviation of 9.4 years. Twenty-two nurses were in their present position less than 1 year; forty-five 1 to 3 years; twenty-four, 4 to 6 years; six, 7 to 10 years; four, 11 to 15 years; two, 16 to 20 years; and five were there 21 years or more.

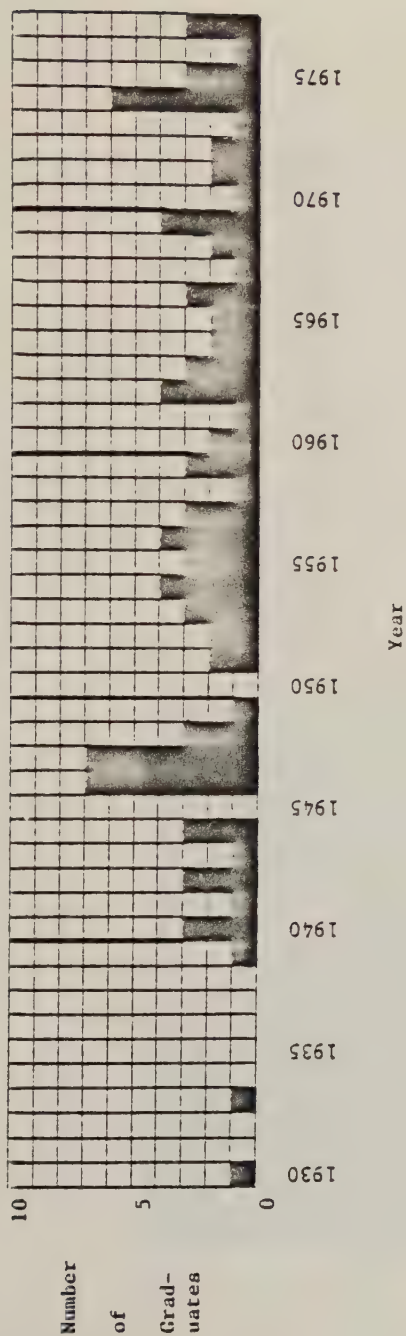


Figure 1. Date Graduated from School of Nursing

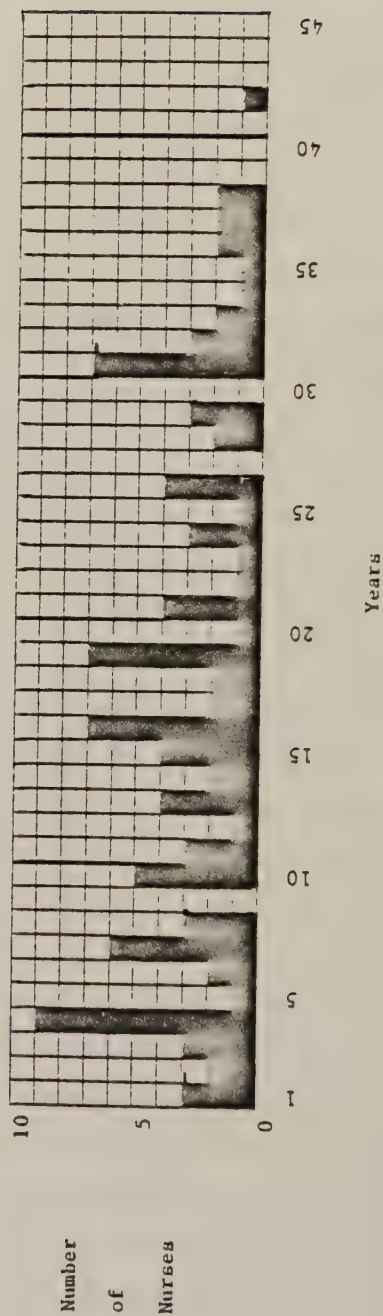


Figure 2. Years of Professional Experience in Hospitals

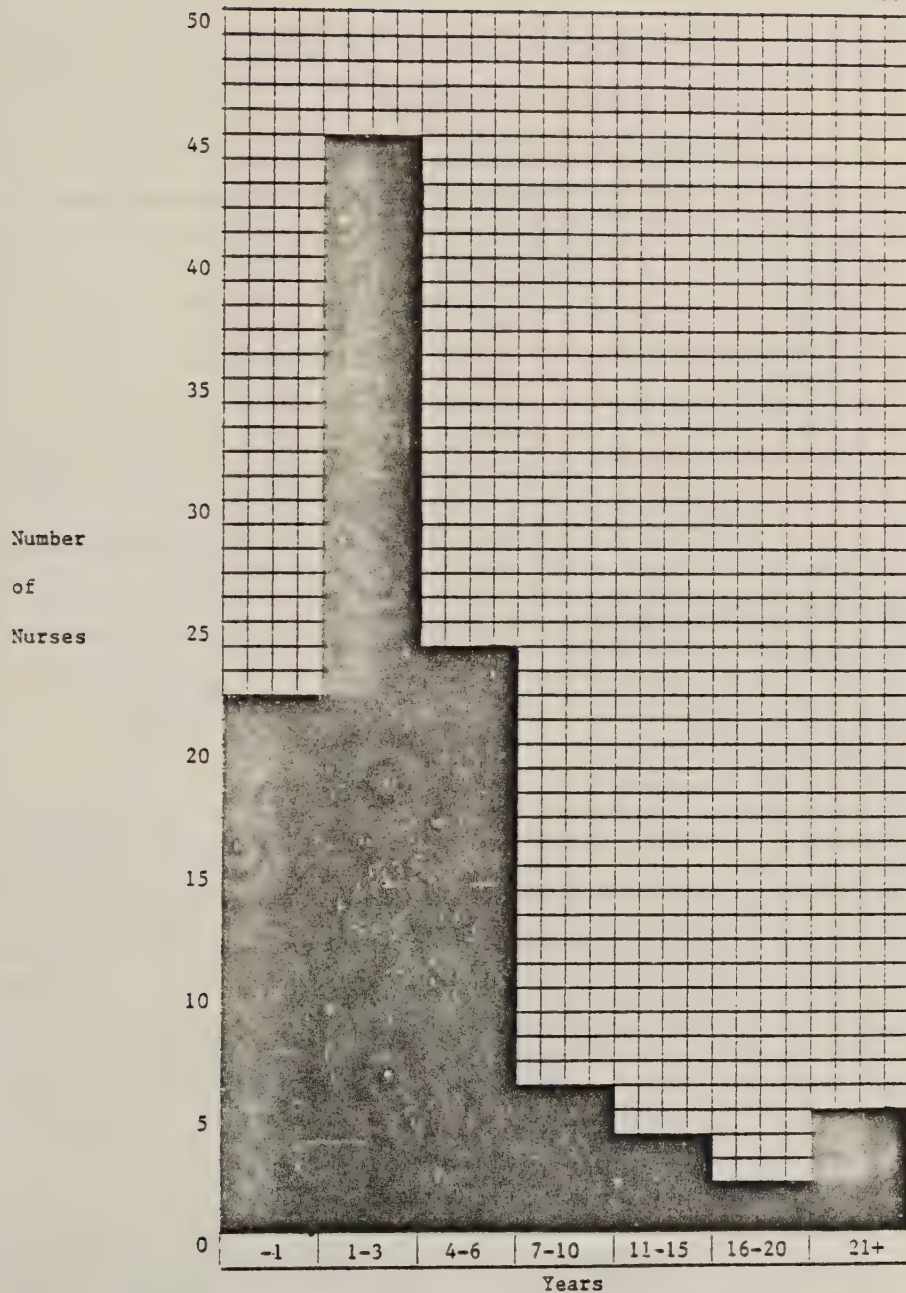


Figure 3. Time in Years at Present Position



The tour of duty is identified in Table C.

TABLE C  
Usual Tour of Duty and Employment Status

| Tour (shift) | Number | Employment Status | Number |
|--------------|--------|-------------------|--------|
| Days         | 59     | Full Time         | 103    |
| Evenings     | 13     | Part Time         | 6      |
| Nights       | 15     |                   |        |
| Rotate Two   | 22     |                   |        |
| Rotate Three | 19     |                   |        |

The employment status of 103 of the subjects was full time, and 6 part time. Their tours of duty were: days, 59; evenings, 13; nights, 15. Twenty-two of them rotated two shifts, and 19 rotated three shifts.

### Hypotheses

The three null hypotheses stated:

Hypothesis I. There is no significant difference among staff nurses, head nurse/nurse coordinators, and supervisors in their perception of the real functions performed according to the following eight scales:

1. Direct nursing care activities
2. Nursing care planning activities
3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

Hypothesis II. There is no significant difference among staff nurses, head nurse/nurse coordinators, and

supervisors in their perception of the ideal functions performed according to the following eight scales:

1. Direct nursing care activities
2. Nursing care planning activities
3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

Hypothesis III. There is no significant difference between the scores relating to the perception of the real functions performed and the ideal functions of staff nurses, head nurse/nurse coordinators, and supervisors according to the eight scales of:

1. Direct nursing care activities
2. Nursing care planning activities
3. Medical-legal activities
4. Administrative activities
5. Supervisory activities
6. Counseling activities
7. Teaching activities
8. Coordinating activities

### Findings

#### 1. Direct Nursing Care Activities Scale

The scale on the Direct Nursing Care Activities for the real and the ideal functions was made up of items number 1, 9, 15, 23, 32, and 47 on the instrument and yielded a coefficient alpha of .81 for the real and .85 for the ideal functions.

The data in Tables 1 and 2 relate to hypothesis I, 1 and give a summary of analysis of variance and the means for direct nursing care activities in the real functions.

TABLE 1

Summary Table for Analysis of Variance  
for Direct Nursing Care Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 19.51          | 9.76         | 26.02    |
| Within groups  | 105 | 39.37          | 0.38         |          |
| Total          | 107 | 58.89          |              |          |

\*Significant at .05 level.

TABLE 2

Table of Means for Direct Nursing Care  
Activities in the Real Functions

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Staff nurse                      | 84    | 3.42 | 0.51               |
| Head nurse/<br>nurse coordinator | 18    | 2.80 | 0.93               |
| Supervisor                       | 6     | 1.75 | 0.82               |
| Total                            | 108   | 3.23 | 0.74               |

Null hypothesis I, 1 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.42; second sample was 2.80; third sample was 1.75. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were significantly different from one another. Staff nurses rated 3.42, which was

significantly higher than either head nurse/nurse coordinators or supervisors; head nurses rated 2.80, which was significantly higher than the supervisors. Supervisors rated 1.75, which was significantly lower than either group.

The data in Tables 3 and 4 relate to hypothesis II, 1 and give a summary of analysis of variance and the means which illustrate the ideal functions of direct nursing care activities.

TABLE 3  
Summary Table for Analysis of Variance  
for Direct Nursing Care Activities  
in the Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 19.89          | 9.94         | 44.24    |
| Within groups  | 103 | 23.15          | 0.22         |          |
| Total          | 105 | 43.04          |              |          |

\*Significant at .05 level.

TABLE 4  
Table of Means for Direct Nursing Care  
Activities in the Ideal Functions

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Staff Nurse                      | 82    | 3.75 | 0.33               |
| Head nurse/<br>nurse coordinator | 18    | 3.10 | 0.80               |
| Supervisor                       | 6     | 2.08 | 0.80               |
| Total                            | 106   | 3.54 | 0.64               |

Null hypothesis II, 1 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.75; second sample was 3.10; and third was 2.08.

Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were significantly different from one another. Staff nurses rated 3.75, which was significantly higher than either head nurse/nurse coordinators or supervisors; head nurses rated 3.10, which was significantly higher than supervisors but lower than staff nurses. Supervisors rated 2.08, which was significantly lower than both groups.

The data in Tables 5 and 6 relate to hypothesis III, 1 and give a summary of the analysis of variance and the means which illustrate the differences in the real and the ideal functions of direct nursing care activities.

TABLE 5

Summary Table for Analysis of Variance  
for Direct Nursing Care Activities  
Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 0.04           | 0.02         | 0.104    |
| Within groups  | 102 | 20.64          | 0.20         |          |
| Total          | 104 | 20.68          |              |          |

\*Significant at .05 level.

TABLE 6

Table of Means for Direct Nursing Care  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Staff nurse                      | 81    | -0.35 | 0.43               |
| Supervisor                       | 6     | -0.33 | 0.28               |
| Head nurse/<br>nurse coordinator | 13    | -0.29 | 0.58               |
| Total                            | 105   | -0.34 | 0.45               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 1 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.35; second sample was -0.33; third sample was -0.29. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were not significantly different from one another. Staff nurses rated -0.35; supervisors rated -0.33; and head nurse/nurse coordinators rated -0.29, which showed no significant difference between the real and the ideal functions performed among the three groups. Over all, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, -0.34 difference between the real and the ideal functions.



## 2. Nursing Care Planning Activities Scale

The scale on the Nursing Care Planning Activities for the real and the ideal functions was made up of items number 2, 14, 25, 28, 35, and 46 on the instrument and yielded a coefficient alpha of .76 for the real and .83 for the ideal functions.

The data in Tables 7 and 8 relate to hypothesis I, 2 and give a summary of analysis of variance and the means which illustrate the real functions of nursing care planning activities.

TABLE 7

Summary Table for Analysis of Variance  
for Nursing Care Planning Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 13.25          | 6.63         | 4.72     |
| Within groups  | 102 | 143.28         | 1.40         |          |
| Total          | 104 | 156.54         |              |          |

\*Significant at .05 level.

TABLE 8

Table of Means for Nursing Care Planning  
Activities in the Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Staff nurse                      | 81    | 3.27 | 1.27               |
| Head nurse/<br>nurse coordinator | 18    | 2.87 | 0.83               |
| Supervisor                       | 6     | 1.81 | 0.73               |
| Total                            | 105   | 3.12 | 1.23               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 2 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.27; second was 2.87; and the third was 1.81. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that staff nurses were significantly different from supervisors. Staff nurses rated 3.27, which was significantly higher than supervisors. Head nurse/nurse coordinators rated 2.87, which was not significant from either group. Supervisors rated 1.81, which was significantly lower than staff nurses.

The data in Tables 9 and 10 relate to hypothesis II, 2 and give a summary of the analysis of variance and the means which illustrate the ideal functions of nursing care planning activities.

TABLE 9

Summary Table for Analysis of Variance  
for Nursing Care Planning Activities  
in Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 18.13          | 9.07         | 49.75    |
| Within groups  | 103 | 18.78          | 0.18         |          |
| Total          | 105 | 36.91          |              |          |

\*Significant at .05 level.

TABLE 10

Table of Means for Nursing Care Planning  
Activities in the Ideal Functions

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Staff nurse                      | 82    | 3.79 | 0.35               |
| Head nurse/<br>nurse coordinator | 19    | 3.54 | 0.61               |
| Supervisor                       | 6     | 2.00 | 0.67               |
| Total                            | 106   | 3.64 | 0.59               |

Null hypothesis II, 2 was rejected. There was a significant difference between the means of the three samples. The mean of the first sample was 3.79, second sample 3.54, third sample 2.00. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were significantly different from the other. Staff nurses rated 3.79, which was significantly

higher than either head nurse/nurse coordinators or supervisors; head nurses rated 3.54, which was significantly higher than supervisors. Supervisors rated 2.00, which was significantly lower than either group.

The data in Tables 11 and 12 relate to hypothesis III, 2 and give a summary table for the analysis of variance and the means which illustrate the difference between the real and the ideal functions in nursing care planning.

TABLE 11  
Summary Table for Analysis of Variance  
for Nursing Care Planning  
Activities Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 1.01           | 0.51         | 0.30     |
| Within groups  | 102 | 167.07         | 1.64         |          |
| Total          | 104 | 168.08         |              |          |

\*Significant at .05 level.

TABLE 12

Table of Means for Nursing Care Planning  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | -0.67 | 0.64               |
| Staff nurse                      | 81    | -0.53 | 1.41               |
| Supervisor                       | 6     | -0.19 | 0.19               |
| Total                            | 105   | -0.53 | 1.27               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 2 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.67; the second sample was -0.53; third sample was -0.19. Further analysis, using Fisher's Least Significant Difference at the .05 level, determined that all three groups were not significantly different from one another. Head nurse/nurse coordinators rated -0.67; staff nurses rated -0.53; supervisors rated -0.19, which showed no significant difference between the real and ideal work performed among the three groups. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, -0.53 difference between the real and the ideal functions.

### 3. Medical-Legal Activities Scale

The scale on the Medical-Legal Activities for the real and the ideal functions was made up of items number 3, 10, 16, 27, 37, and 43 on the instrument and yielded a coefficient alpha of 0.28 for the real and .37 for the ideal functions.

The data in Tables 13 and 14 relate to hypothesis I, 3 and give a summary of analysis of variance and the means which illustrate the real functions for medical-legal activities.

TABLE 13

Summary Table for Analysis of Variance  
for Medical-Legal Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 3.22           | 1.61         | 4.83     |
| Within groups  | 102 | 34.05          | 0.33         |          |
| Total          | 104 | 37.27          |              |          |

\*Significant at .05 level.



TABLE 14

Table of Means for Medical-Legal  
Activities in the  
Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.37 | 0.58               |
| Staff nurse                      | 81    | 3.28 | 0.55               |
| Supervisor                       | 6     | 2.56 | 0.89               |
| Total                            | 105   | 3.25 |                    |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 3 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.37; second sample was 3.28; third sample was 2.56. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that two groups were significantly different from one group. Staff nurses rated 3.28, and head nurse/nurse coordinators rated 3.37 but were not significantly different from one another; however, both were significantly higher than supervisors. Supervisors rated 2.56, which was significantly lower than the other two groups.

The data in Tables 15 and 16 relate to hypothesis II, 3 and give a summary analysis of variance and the means which illustrate the ideal functions for medical-legal activities.

TABLE 15

Summary Table for Analysis of Variance  
for Medical-Legal Activities  
in Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 2.97           | 1.48         | 8.01     |
| Within groups  | 103 | 19.05          | 0.18         |          |
| Total          | 105 | 22.01          |              |          |

\*Significant at .05 level.

TABLE 16

Table of Means for Medical-Legal  
Activities in the Ideal  
Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Staff nurse                      | 82    | 3.42 | 0.38               |
| Head nurse/<br>nurse coordinator | 18    | 3.37 | 0.54               |
| Supervisor                       | 6     | 2.69 | 0.68               |
| Total                            | 106   | 3.37 | 0.46               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis II, 3 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.42; second sample was 3.37; third sample was 2.69. Further analysis, using

Fisher's Least Significant Difference at the .05 significance level, determined that two groups were significantly different from one group. Staff nurses rated 3.42, and head nurse/nurse coordinators rated 3.37, but were not significantly different from each other. Supervisors rated 2.69 and were significantly lower than the other two groups.

The data in Tables 17 and 18 relate to hypothesis III, 3 and give a summary of the analysis of variance and the means which illustrate the difference between the real and the ideal functions in medical-legal activities.

TABLE 17

Summary Table for Analysis of Variance  
for Medical-Legal Activities  
Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 0.32           | 0.16         | 0.62     |
| Within groups  | 102 | 26.59          | 0.26         |          |
| Total          | 104 | 26.92          |              |          |

\*Significant at .05 level.

TABLE 18

Table of Means for Medical-Legal  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Staff nurse                      | 81    | -0.15 | 0.51               |
| Supervisor                       | 6     | -0.14 | 0.25               |
| Head nurse/<br>nurse coordinator | 18    | -0.00 | 0.56               |
| Total                            | 105   | -0.12 | 0.51               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 3 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.15; second sample was -0.14; third sample was 0.00. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were not significantly different from one another.

Staff nurses rated -0.15; supervisors rated -0.14; head nurse/nurse coordinators rated 0.00, and were not significant from one another. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, -0.12 difference between the real and the ideal functions.

#### 4. Administrative Activities Scale

The scale on Administrative Activities for the real and the ideal functions was made up of items number 6, 17, 20, 29, 33, and 41 on the instrument and yielded a coefficient alpha of .68 for the real and .58 for the ideal functions.

The data in Tables 19 and 20 relate to hypothesis I, 4 and give a summary of the analysis of variance and the means which illustrate the real functions of administrative activities.

TABLE 19  
Summary Table for Analysis of Variance  
for Administrative Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 23.16          | 11.58        | 16.18    |
| Within groups  | 102 | 73.00          | 0.72         |          |
| Total          | 104 | 96.15          |              |          |

\*Significant at .05 level.

TABLE 20

Table of Means for Administrative  
Activities in the  
Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.32 | 0.72               |
| Supervisor                       | 6     | 2.44 | 0.89               |
| Staff nurse                      | 81    | 2.07 | 0.87               |
| Total                            | 105   | 2.30 | 0.96               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 4 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.32; second sample was 2.44; third sample was 2.07. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that the head nurse/nurse coordinator with a mean of 3.32 was significantly higher than supervisors and staff nurses. The supervisors' mean was 2.44, and staff nurses' mean was 2.07 but were not significantly different from each other.

The data in Tables 21 and 22 relate to hypothesis II, 4 and give a summary of the analysis of variance and the means which illustrate the ideal functions of administrative activities.



TABLE 21

Summary Table for Analysis of Variance  
for Administrative Activities  
in Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 15.39          | 7.70         | 22.18    |
| Within groups  | 103 | 35.73          | 0.35         |          |
| Total          | 105 | 51.12          |              |          |

\*Significant at .05 level.

TABLE 22

Table of Means for Administrative  
Activities in the Ideal  
Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.69 | 0.48               |
| Staff nurse                      | 82    | 2.67 | 0.60               |
| Supervisor                       | 6     | 2.67 | 0.74               |
| Total                            | 106   | 2.84 | 0.70               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis II, 4 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.69; the mean of the other two samples was 2.67.

Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that one group was significantly different from the other two. Head nurse/nurse coordinators rated 3.69, which was significantly higher than supervisors and staff nurses. Supervisors rated 2.67, and staff nurses rated 2.67; therefore, they were not significantly different from each other but were significantly lower than head nurse/nurse coordinators.

The data in Tables 23 and 24 relate to hypothesis III, 4 and give a summary of the analysis of variance and the means which illustrate the difference between the real and the ideal functions of administrative activities.

TABLE 23

Summary Table for Analysis of Variance  
for Administrative Activities  
Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 1.55           | 0.77         | 0.864    |
| Within groups  | 102 | 91.39          | 0.90         |          |
| Total          | 104 | 92.94          |              |          |

\*Significant at .05 level.

TABLE 24

Table of Means for Administrative  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Staff nurse                      | 81    | -0.61 | 1.03               |
| Head nurse/<br>nurse coordinator | 18    | -0.37 | 0.60               |
| Supervisor                       | 6     | -0.22 | 0.25               |
| Total                            | 105   | -0.55 | 0.95               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 4 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.61; second sample was -0.37; third sample was -0.22. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were not significantly different from one another. Staff nurses rated -0.61; head nurse/nurse coordinators rated -0.37; and supervisors rated -0.22, which showed no significant difference between the real and the ideal work performed among the three groups. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, -0.55 difference between the real and the ideal functions.

### 5. Coordinating Activities Scale

The scale on the Coordinating Activities for the real and the ideal functions was made up of items number 4, 12, 24, 31, 36, and 40 on the instrument and yielded a coefficient alpha of .62 for the real and .54 for the ideal functions.

The data in Tables 25 and 26 relate to hypothesis I, 5 and give a summary of the analysis of variance and the means which illustrate the real functions of coordinating activities.

TABLE 25

Summary Table for Analysis of Variance  
for Coordinating Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 13.54          | 6.27         | 12.56    |
| Within groups  | 102 | 50.91          | 0.50         |          |
| Total          | 104 | 63.45          |              |          |

\*Significant at .05 level.

TABLE 26

Table of Means for Coordinating  
Activities in the  
Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 13    | 2.81 | 0.64               |
| Supervisor                       | 6     | 2.50 | 0.89               |
| Staff nurse                      | 81    | 1.93 | 0.71               |
| Total                            | 105   | 2.11 | 0.78               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 5 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 2.81; second was 2.50: and third was 1.93. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that head nurse/nurse coordinators rated 2.81, which was significantly higher than staff nurses but not significantly different from supervisors. Supervisors rated 2.50 and were not significantly different from head nurse/nurse coordinators or staff nurses. Staff nurses rated 1.93, which was significantly lower than head nurse/nurse coordinators but not significantly different from supervisors.

The data in Tables 27 and 28 relate to hypothesis II, 5 and give a summary of the analysis of variance and the means which illustrate the ideal functions of coordinating

activities.

TABLE 27

Summary Table for Analysis of Variance  
for Coordinating Activities  
in Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 8.23           | 4.11         | 9.65     |
| Within groups  | 103 | 43.90          | 0.43         |          |
| Total          | 105 | 52.12          |              |          |

\*Significant at .05 level.

TABLE 28

Table of Means for Coordinating  
Activities in the Ideal  
Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.46 | 0.45               |
| Supervisor                       | 6     | 2.89 | 0.56               |
| Staff nurse                      | 82    | 2.72 | 0.69               |
| Total                            | 106   | 2.85 | 0.70               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis II, 5 was rejected. There was a significant difference in the means of the three samples.



The mean of the first sample was 3.46; second was 2.89; third was 2.72. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that head nurse/nurse coordinators rated 3.46 and were significantly higher than staff nurses. Supervisors rated 2.89, which was not significant from either head nurse/nurse coordinators or staff nurses. Staff nurses rated 2.72, which was significantly lower than head nurse/nurse coordinators.

The data in Tables 29 and 30 relate to hypothesis III, 5 and give a summary of the analysis of variance and the means which illustrate the difference between the real and the ideal functions of coordinating activities.

TABLE 29

Summary Table for Analysis of Variance  
for Coordinating Activities  
Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 1.12           | 0.56         | 1.04     |
| Within groups  | 102 | 54.77          | 0.54         |          |
| Total          | 104 | 55.89          |              |          |

\*Significant at .05 level.

TABLE 30

Table of Means for Coordinating  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Staff nurse                      | 81    | -0.79 | 0.76               |
| Head nurse/<br>nurse coordinator | 18    | -0.65 | 0.66               |
| Supervisor                       | 6     | -0.39 | 0.34               |
| Total                            | 105   | -0.75 | 0.73               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 5 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.79; second sample was -0.65; third sample was -0.39. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined there was no significant difference in the means of the three samples. Staff nurses rated -0.79; head nurse/nurse coordinators rated -0.65; supervisors rated -0.39. This showed no significant difference between the real and the ideal work performed among the three groups. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, a -0.75 difference between the real and the ideal functions.

## 6. Supervisory Activities Scale

The scale on the Supervisory Activities for the real and the ideal functions was made up of items number 5, 11, 19, 21, 34, and 38 on the instrument and yielded a coefficient alpha of .71 for the real and .63 for the ideal functions.

The data in Tables 32 and 33 relate to hypothesis I, 6 and give a summary of the analysis of variance and the means which illustrate the real functions of supervisory activities.

TABLE 31

Summary Table for Analysis of Variance  
for Supervisory Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 1.68           | 0.84         | 1.66     |
| Within groups  | 102 | 51.56          | 0.51         |          |
| Total          | 104 | 53.24          |              |          |

\*Significant at .05 level.

TABLE 32

Table of Means for Supervisory  
Activities in the  
Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.44 | 0.47               |
| Staff nurse                      | 81    | 3.13 | 0.75               |
| Supervisor                       | 6     | 2.94 | 0.75               |
| Total                            | 105   | 3.17 | 0.72               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 6 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was 3.44; second was 3.13; third was 2.94. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that there was no significant difference one from another. Head nurse/nurse coordinators rated 3.44; staff nurses rated 3.13; supervisors rated 2.94.

The data in Tables 33 and 34 relate to hypothesis II, 6 and give a summary of the analysis of variance and the means which illustrate the ideal functions of supervisory activities.

TABLE 33

Summary Table for Analysis of Variance  
for Supervisory Activities  
in Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 0.75           | 0.38         | 2.33     |
| Within groups  | 103 | 16.63          | 0.16         |          |
| Total          | 105 | 17.38          |              |          |

\*Significant at .05 level.

TABLE 34

Table of Means for Supervisory  
Activities in the Ideal  
Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.83 | 0.21               |
| Staff nurse                      | 82    | 3.67 | 0.42               |
| Supervisor                       | 6     | 3.44 | 0.51               |
| Total                            | 106   | 3.69 | 0.41               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis II, 6 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was 3.83; second was 3.67;

third was 3.44. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that two groups were significantly different from one another. Head nurse/nurse coordinators rated 3.83, which was significantly higher than supervisors. Staff nurses rated 3.67, which was not significantly different from either head nurse/nurse coordinators or supervisors. Supervisors rated 3.44, which was not significantly different from staff nurses but was significantly lower than head nurse/nurse coordinators.

The data in Tables 35 and 36 relate to hypothesis III, 6 and give a summary of analysis of variance and the means which illustrate the difference in the real and the ideal functions of supervisory activities.

TABLE 35  
Summary Table for Analysis of Variance  
for Supervisory Activities  
Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 0.29           | 0.15         | 0.37     |
| Within groups  | 102 | 40.80          | 0.40         |          |
| Total          | 104 | 41.10          |              |          |

\*Significant at .05 level.



TABLE 36

Table of Means for Supervisory  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Staff nurse                      | 81    | -0.54 | 0.67               |
| Supervisor                       | 6     | -0.50 | 0.47               |
| Head nurse/<br>nurse coordinator | 18    | -0.40 | 0.46               |
| Total                            | 105   | -0.51 | 0.63               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 6 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.54, second sample -0.50, third sample -0.40. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were not significantly different one from the other. Staff nurses rated -0.54; supervisors rated -0.50, head nurse/nurse coordinators -0.40, which indicated no significant difference among the groups. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, a -0.51 difference between the real and the ideal functions.

## 7. Counseling Activities Scale

The scale on Counseling Activities for the real and the ideal functions was made up of items number 8, 13, 18, 39, 44, and 45 on the instrument and yielded a coefficient alpha of .80 for the real and .79 for the ideal functions.

The data in Tables 37 and 38 relate to hypothesis I, 7 and give a summary of the analysis of variance and the means which illustrate the real functions of counseling activities.

TABLE 37  
Summary Table for Analysis of Variance  
for Counseling Activities  
in Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 27.20          | 13.60        | 19.89    |
| Within groups  | 102 | 69.76          | 0.68         |          |
| Total          | 104 | 96.97          |              |          |

\*Significant at .05 level.

TABLE 38

Table of Means for Counseling Activities  
in the Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.65 | 0.39               |
| Supervisor                       | 6     | 3.17 | 0.75               |
| Staff nurse                      | 81    | 2.34 | 0.90               |
| Total                            | 105   | 2.61 | 0.97               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 7 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.65; second sample was 3.17; third sample was 2.34. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that two groups were significantly different from one group. Head nurse/nurse coordinators rated 3.65, which was not significantly different from supervisors, who rated 3.17, but was significantly higher than staff nurses who rated 2.34. Staff nurses rated significantly lower than head nurse/nurse coordinators or supervisors.

The data in Tables 39 and 40 relate to hypothesis II, 7 and give a summary of the analysis of variance and the means which illustrate the ideal functions of counseling activities.

TABLE 39

Summary Table for Analysis of Variance  
for Counseling Activities  
in Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 17.27          | 8.64         | 17.48    |
| Within groups  | 103 | 50.91          | 0.49         |          |
| Total          | 105 | 68.19          |              |          |

\*Significant at .05 level.

TABLE 40

Table of Means for Counseling  
Activities in the Ideal  
Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.94 | 0.21               |
| Supervisor                       | 6     | 3.81 | 0.22               |
| Staff nurse                      | 82    | 2.94 | 0.79               |
| Total                            | 106   | 3.16 | 0.81               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis II, 7 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.94; second sample was 3.81; third sample was 2.94. Further analysis, using

Fisher's Least Significant Difference at the .05 significance level, determined that one group was significantly different from the other two. Supervisors rated 3.81, which was not significantly different from head nurse/nurse coordinators, who rated 3.94; but it was significantly higher than staff nurses, who rated 2.94. Staff nurses were significantly lower than head nurse/nurse coordinators and supervisors.

The data in Tables 41 and 42 relate to hypothesis III, 7 and give a summary of the analysis of variance and the means which illustrate differences in the real and the ideal functions of counseling activities.

TABLE 41  
Summary Table for Analysis of Variance  
for Counseling Activities Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 1.55           | 0.78         | 1.42     |
| Within groups  | 102 | 55.55          | 0.54         |          |
| Total          | 104 | 57.10          |              |          |

\*Significant at .05 level.

TABLE 42

Table of Means for Counseling  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Supervisor                       | 6     | -0.64 | 0.76               |
| Staff nurse                      | 81    | -0.61 | 0.80               |
| Head nurse/<br>nurse coordinator | 18    | -0.29 | 0.34               |
| Total                            | 105   | -0.55 | 0.74               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 7 was retained. There was no significant difference in the means of the samples. The mean of the first sample was -0.64; second was -0.61; third was -0.29. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were not significantly different from one another. Supervisors rated -0.64; staff nurses rated -0.61; and head nurse/nurse coordinators rated -0.29, which indicated no difference between the real and the ideal functions performed between the groups. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. This was an average of -0.55 difference between the real and the ideal functions.



### 8. Teaching Activities Scale

The scale on Teaching Activities for the real and the ideal functions was made up of items number 7, 22, 26, 30, 42, and 48 on the instrument and yielded a coefficient alpha of .62 for the real and .68 for the ideal functions.

The data in Tables 43 and 44 relate to hypothesis I, 8 and give a summary of the analysis of variance and the means which illustrate the real functions of teaching activities.

TABLE 43

Summary Table for Analysis of Variance  
for Teaching Activities in  
Real Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 1.22           | 0.61         | 1.29     |
| Within groups  | 101 | 47.75          | 0.47         |          |
| Total          | 103 | 48.97          |              |          |

\*Significant at .05 level.

TABLE 44

Table of Means for Teaching Activities  
in the Real Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 2.76 | 0.79               |
| Supervisor                       | 6     | 2.69 | 0.80               |
| Staff nurse                      | 80    | 2.49 | 0.66               |
| Total                            | 104   | 2.55 | 0.69               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis I, 8 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was 2.76; second was 2.69; third was 2.49. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined there was no significant difference in any of the groups. Head nurse/nurse coordinators rated 2.76, supervisors 2.69, and staff nurses 2.49. They were not significant one from another.

The data in Tables 45 and 46 relate to hypothesis II, 8 and give a summary of the analysis of variance and the means which illustrate the ideal functions of teaching activities.

TABLE 45

Summary Table for Analysis of Variance  
for Teaching Activities in  
Ideal Functions

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 3.15           | 1.58         | 5.17     |
| Within groups  | 102 | 31.13          | 0.31         |          |
| Total          | 104 | 34.28          |              |          |

\*Significant at .05 level.

TABLE 46

Table of Means for Teaching Activities  
in the Ideal Functions\*\*

| Group                            | Count | Mean | Standard Deviation |
|----------------------------------|-------|------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | 3.74 | 0.40               |
| Supervisor                       | 6     | 3.33 | 0.53               |
| Staff nurse                      | 81    | 3.27 | 0.58               |
| Total                            | 105   | 3.36 | 0.57               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis II, 3 was rejected. There was a significant difference in the means of the three samples. The mean of the first sample was 3.74; second sample was 3.33; third sample was 3.27. Further analysis, using

Fisher's Least Significant Difference at the .05 significance level, determined that there was a significant difference between two of the groups. Head nurse/nurse coordinators rated 3.74, which was significantly higher than staff nurses but was not significant from supervisors. Supervisors rated 3.33, which was not significantly different from head nurse/nurse coordinators or staff nurses. Staff nurses rated 3.27, which was not significant from supervisors but was significantly lower than head nurse/nurse coordinators.

The data in Tables 47 and 48 relate to hypothesis III, 8 and give a summary of the analysis of variance and the means which illustrate differences in the real and the ideal functions of teaching activities.

TABLE 47

Summary Table for Analysis of Variance  
for Teaching Activities Difference

| Source         | df  | Sum of Squares | Mean Squares | F ratio* |
|----------------|-----|----------------|--------------|----------|
| Between groups | 2   | 0.68           | 0.34         | 0.86     |
| Within groups  | 101 | 40.08          | 0.40         |          |
| Total          | 103 | 40.76          |              |          |

\*Significant at .05 level.

TABLE 48

Table of Means for Teaching  
Activities Difference\*\*

| Group                            | Count | Mean  | Standard Deviation |
|----------------------------------|-------|-------|--------------------|
| Head nurse/<br>nurse coordinator | 18    | -0.98 | 0.81               |
| Staff nurse                      | 80    | -0.80 | 0.60               |
| Supervisor                       | 6     | -0.64 | 0.40               |
| Total                            | 104   | -0.82 | 0.63               |

\*\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

Null hypothesis III, 8 was retained. There was no significant difference in the means of the three samples. The mean of the first sample was -0.98; second sample was -0.80; third sample was -0.64. Further analysis, using Fisher's Least Significant Difference at the .05 significance level, determined that all three groups were not significantly different from one another. Head nurse/nurse coordinators rated -0.98; staff nurses rated -0.80; and supervisors rated -0.82, which showed no significant difference between the real and the ideal functions performed among the three groups. Overall, even though they were not significant among themselves, a t test at the .05 level determined that the total mean was significantly different from zero. There was, on the average, a -0.82 difference between the real and the ideal functions.

## SUMMARY OF FINDINGS

The retention or rejection of the null hypotheses, in order as they occurred in Chapter I, are listed as follows:

Hypothesis I. There was no significant difference among staff nurses, head nurse/nurse coordinators, and supervisors in their perception of real functions performed in the following:

1. Direct Nursing Care Activities

This hypothesis was rejected according to the results indicated in the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 1 and 2, page 50.)

2. Nursing Care Planning Activities

This hypothesis was rejected according to the results indicated by the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 7 and 8, pages 54 and 55.)

3. Medical-Legal Activities

This hypothesis was rejected according to the results indicated by the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 13 and 14, pages 59 and 60.)

4. Administrative Activities

This hypothesis was rejected according to the results indicated in the analysis of variance. The means were further analyzed by Fisher's Least Significant



Difference. (See Tables 19 and 20, pages 64 and 65.)

5. Coordinating Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 25 and 26, pages 69 and 70.)

6. Supervisory Activities

This hypothesis was retained according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 31 and 32, pages 74 and 75.)

7. Counseling Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 37 and 38, pages 79 and 80.)

8. Teaching Activities

This hypothesis was retained according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 43 and 44, pages 84 and 85.)

Hypothesis II. There was no significant difference among staff nurses, head nurse/nurse coordinators, and supervisors in their perception of the ideal functions performed according to the following eight scales:

1. Direct Nursing Care Activities

This hypothesis was rejected according

to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 3 and 4, page 51.)

2. Nursing Care Planning Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 9 and 10, page 56.)

3. Medical-Legal Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 15 and 16, page 61.)

4. Administrative Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 21 and 22, page 66.)

5. Coordinating Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 27 and 28, page 71.)

6. Supervisory Activities

This hypothesis was retained according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference.

(See Tables 33 and 34, page 76.)

#### 7. Counseling Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 39 and 40, page 81.)

#### 8. Teaching Activities

This hypothesis was rejected according to the results of the analysis of variance. The means were further analyzed by Fisher's Least Significant Difference. (See Tables 45 and 46, page 86.)

Hypothesis III. There was no significant difference between the scores relating to the perception of the real functions performed and the ideal functions of the staff nurses, head nurse/nurse coordinators, and supervisors for the eight scales of:

##### 1. Direct Nursing Care Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.34 difference between the real and the ideal. (See Tables 5 and 6, pages 52 and 53.)

##### 2. Nursing Care Planning Activities

This hypothesis was retained according to the results of the analysis of variance. Means were

further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.53 difference between the real and the ideal. (See Tables 11 and 12, pages 57 and 58.)

### 3. Medical-Legal Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.12 difference between the real and the ideal. (See Tables 17 and 18, pages 62 and 63.)

### 4. Administrative Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.55 difference between the real and the ideal. (See Tables 23 and 24, pages 67 and 68.)

### 5. Coordinating Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average,

a -0.75 difference between the real and the ideal. (See Tables 29 and 30, pages 72 and 73.)

#### 6. Supervisory Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.51 difference between the real and the ideal. (See Tables 35 and 36, pages 77 and 78.)

#### 7. Counseling Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.55 difference between the real and the ideal. (See Tables 41 and 42, pages 82 and 83.)

#### 8. Teaching Activities

This hypothesis was retained according to the results of the analysis of variance. Means were further analyzed by Fisher's Least Significant Difference. Further analysis was done with t test to determine if total mean was significant from zero. There was, on the average, a -0.82 difference between the real and the ideal. (See Tables 47 and 48, pages 87 and 88.)

In summary, there were three null hypotheses formulated with each having eight variables. The first hypothesis related to the real functions of eight activities (variables); the second hypothesis related to the ideal functions of the same eight activities (variables); and the third hypothesis related to the differences between the real and the ideal functions in the same eight activities. Total hypotheses tested were twenty-four. Of the twenty-four hypotheses, eleven were retained and thirteen rejected.

Tables identifying rejection or retention of hypotheses according to ANOVA and the results of Fisher's Least Significant Difference are found in Appendix H, page 136.

A table listing the means and standard deviations for the responses to each question in the real and the ideal role is found in Appendix J, page 144.



## CHAPTER V

### SUMMARY, CONCLUSIONS, IMPLICATIONS, DISCUSSION, RECOMMENDATIONS, AND PROBLEMS FOR FURTHER STUDY

#### Introduction

The purpose of this study was to ascertain the perceptions of professional nurses in relation to their real and ideal functions. The findings, conclusions, and recommendations should be interpreted in the light of the limitations of this study in which the subjects were not randomly sampled. Subjects were limited to those registered nurses (staff, head nurse/nurse coordinators, and supervisors) employed at Veterans' Administration Hospital, Topeka, Kansas, who were willing to participate. It was not possible to generalize the statistical findings beyond this particular setting.

#### Summary

The study sought answers to the following questions: Is there a significant difference in the perception of how staff nurses, head nurse/nurse coordinators, and supervisors see their role (a) in the real function, (b) in the ideal functions; and is there a significant difference between the real and the ideal?

Data was secured through a questionnaire. Analysis of the data was done by analysis of variance, Fisher's Least

Significant Difference, and a t test for the mean difference.

There were significant differences among the groups in the real functions and in the ideal functions for six of the nursing activities. These activities were: direct nursing care, planning nursing care, medical-legal, administrative, coordinating, and counseling activities.

There was no significant difference between the real functions and the ideal functions among the staff nurses, head nurse/nurse coordinators, and supervisors in the supervising activities. (See Table 54, Appendix H, page 141.) The t test revealed an average of .51 Difference between the real and the ideal functions which may be meaningful.

There was no significant difference among the three groups in their perception of the real functions of teaching activities. There was a significant difference among the groups regarding the ideal functions of teaching activities. Head nurse/nurse coordinators were significantly higher than staff nurses but were not significantly different from supervisors. Supervisors were not significantly different from either group. Staff nurses were significantly lower than head nurse/nurse coordinators but not significantly different from supervisors.

There was no significant difference in the mean difference scores for the real and ideal functions as indicated by Fisher's Least Significant Difference. The t test revealed an average of .82 Difference which may be quite meaningful. (See Appendix H, Table 56, page 143.)

In Direct Nursing Care Activities, there was a significant difference among the groups in their perceptions of both the real functions and the ideal functions. Staff nurses were significantly higher than either head nurse/nurse coordinators or supervisors. Supervisors were significantly lower than the other two groups. It seems reasonable to believe this is the way it should be.

There was no significant difference in the mean Difference scores between the real and the ideal functions. (See Appendix H, Table 49, page 136.)

In Planning Nursing Care Activities, there was a significant difference among the groups in their perceptions of the real functions and the ideal functions. Concerning the real functions, staff nurses were significantly higher than supervisors. They were doing more planning of nursing care but were not significantly different than head nurse/nurse coordinators. Head nurse/nurse coordinators were not significantly different than either group.

Concerning the ideal functions, the study found a significant difference among all three groups with staff nurses rating highest, head nurse/nurse coordinators second, and supervisors lowest. Again, this is probably the way it should be.

There were no significant differences in the mean Difference scores between the real and the ideal functions, as determined by Fisher's Least Significant Difference. The t test revealed a .53 Difference which may be meaningful.

(See Appendix H, Table 50, page 137.)

There was a significant difference among the groups in their perceptions of the real functions and the ideal functions in Medical-Legal Activities. Head nurse/nurse coordinators and staff nurses were significantly higher than supervisors but were not significantly different from each other. The supervisor was significantly lower.

Fisher's Least Significant Difference and the t test indicated no significant difference in the mean Difference between the real and the ideal functions. (See Appendix H, Table 51, page 138.)

There was significant difference among the groups in their perceptions of the real functions and the ideal functions in Administrative Activities. Head nurse/nurse coordinators were significantly higher than either the supervisors or staff nurses in both the real and ideal administrative activities but were not significantly different from each other.

Fisher's Least Significant Difference indicated no difference in the mean Difference between the real and the ideal, but the t test revealed an average of .55 which may be meaningful. (See Appendix H, Table 52, page 139.)

There was a significant difference among the groups in their perceptions of the real functions and the ideal functions of Coordinating Activities. The head nurse/nurse coordinators were significantly higher than staff nurses but not significantly different from supervisors in both the real

and ideal functions. Staff nurses were significantly lower than the head nurse/nurse coordinators but were not significantly different from supervisors. Head nurses and supervisors do more coordinating than staff nurses.

There was no significant difference in the mean Difference scores for the real and ideal functions as indicated by Fisher's Least Significant Difference. The t test revealed an average of .75 difference between the real and the ideal functions which may be meaningful. (See Appendix H, Table 53, page 140.)

There was a significant difference among the groups in their perceptions of the real functions and the ideal functions of Counseling Activities. Head nurse/nurse coordinators and supervisors were not significantly different from each other, but they were significantly higher than staff nurses in both the real and the ideal functions. Staff nurses were lower in Counseling Activities.

There was no significant difference in the mean Difference between the real and ideal, according to Fisher's Least Significant Difference. The t test revealed an average of .55 difference. This may be meaningful. (See Appendix H, Table 55, page 142.)

Some of the selected findings were not a part of either the personal characteristics or statistical analyses. They related to the questions that asked each nurse to identify his/her greatest satisfaction as well as the source of greatest dissatisfaction on the job.



In relation to the eight categories of activities, the satisfactions were predominantly in the Direct Nursing Care Activities of giving patient care, seeing the patient progress, patient involvement and interaction, team work for patient care, good multidisciplinary approach to patient care, good nursing aids to give good care, the patient-teaching program, and patient-family contact.

Some of the other satisfactions listed were working with patients to plan for their care, interdisciplinary planning, patient teaching and discharge planning, and implementing change to provide better patient care. Some participants listed problem solving, promoting good working relations, working with others, seeing high-quality care being given to patients, and opportunities for continual learning as their greatest satisfaction.

The greatest dissatisfactions related to the relinquishing of nursing activities with the patient due to shortness of staff. Some elements not included on the instrument, which were noted to be a dissatisfaction, were lack of adequate staff, lack of communication, rotating shifts, non-nursing duties, too much paperwork, abuse of sick leave, and resistance to change.

### Conclusions

These conclusions were based on the responses of a relatively small homogeneous sample of professional nurses in a single setting. There is no claim made that this



sample is representative of all nurses. The following conclusions are based on the findings of this research:

Some of the nurses were doing tasks that they did not think were within their scope of responsibility. However, there was not a significant concentration of numbers of nurses with this attitude in any one of the three groups. The majority of the nurses basically were doing what they thought to be appropriate tasks.

Even though the study did not reveal significant differences among the nurses in each group, the difference indicated by the t test was significant from zero in all but Direct Nursing Care and Medical-Legal activities. The findings of the t test were from one-half to almost one point difference between the real and the ideal in teaching (.82), coordinating (.75), counseling (.55), administrative (.55), planning nursing care (.53), and supervisory (.51) activities. This indicated that the real is lower than the ideal in these areas. To determine the extent of meaningfulness in these areas, further study or evaluation of the real and the ideal functions could be done.

### Implications

Individuals are influenced to a high degree by their own expectations and by those of the system in which they participate. Behavior is, in a large part, a function of expectations. Positions provide one basis on which expectations may be assigned to individuals.

In regard to the findings and conclusions of the study, the following implications seem apparent:

In the areas of direct nursing care and medical-legal activities, nurses considered their real roles to be relatively consistent with their ideal role. However, in the areas of teaching, coordinating, counseling, and administration, they perceived a difference in the real and ideal with the real role being statistically lower. The areas of supervising and planning nursing care were scored numerically lower in the real situation than they were in the ideal.

### Discussion

The implications from this study were that nurses were functioning for the most part as they thought they should, particularly in relation to direct nursing care and medical-legal activities. Although there was no statistical significance between the difference scores in the nursing activities, the researcher feels that there may be some significant difference among the three groups, particularly in the activities of coordinating and teaching. The t test scores between the real and the ideal in coordinating activities were as follows: (1) staff nurses .79, (2) head nurse/nurse coordinators .65, and (3) supervisors .39. The staff nurses' responses indicated a greater difference between their perception of the real and the ideal functions. This may indicate that they perceived more coordinating activities necessary in their role to make it more ideal.

These figures indicated that the head nurse/nurse coordinator also perceived the coordinating activities in the real functions were less than ideal. The t test score for the supervisors indicated that they are functioning in what they consider to be an appropriate role for coordinating activities.

The t test scores in teaching activities were as follows: (1) head nurse/nurse coordinator .98, (2) staff nurse .80, and (3) supervisor .64. These scores indicated that the head nurse/nurse coordinator perceived his/her teaching activities as being much less than the ideal. The staff nurses indicated that their actual involvement in teaching was less than ideal for their role. The t test score for supervisors was lower than the other two positions, yet the score indicated that supervisors' activities were not perceived as completely ideal either.

The t test scores in planning nursing care, administrative, supervisory, and counseling activities indicated that there may be some significant difference between the real and the ideal functions. Head nurse/nurse coordinators, with a t test score of .67, perceived the real functions in planning nursing care as less than ideal. Staff nurses perceived their administrative activities (t test score of .61) as less than ideal. The t test scores for all three positions for supervisory activities indicated each group perceived that the real role was less than the ideal role. Supervisors' t test score of .64 revealed the real role was

less than ideal.

The t test score in counseling activities was as follows: (1) supervisors .64, (2) staff nurses .61, and (3) head nurse/nurse coordinators .29. The head nurse/nurse coordinators perceived their real functions as being close to their ideal functions. Staff nurses and supervisors perceived their real role as less than ideal.

The reasons for these differences were not included as part of this study. However, the researcher feels that these findings may be significant and recommends that the nursing department place more emphasis on role functions particularly as they relate to the coordinating and teaching activities. The researcher also recommends that:

- 1) A review of the prescribed functions for these positions be made by nursing administration and the nursing staff. Changes may or may not be indicated.

- 2) A program for helping new employees to identify their role be infused into the existing education curriculum.

- 3) An educational program be established to aid persons who are reassigned to another position. The objective of this program would be to assist the reassigned person in making a smooth and rapid transition from one role to another.

- 4) The definition and duties of each independent role be clearly outlined and stabilized. This would serve to make functioning in a particular role more effective.

(In nursing, it is the common practice to assign nursing personnel to one role position. Even so, the functions vary in relation to such variables as the person in authority, hours, and accountability. This is particularly true when the nurse functions in different roles such as staff nurse one day, head nurse the next day, and relief supervisor the following day. This does tend to be less than ideal.)

5) In-service educational programs continue to try to meet the needs of each position.

#### Recommendations and Problems for Further Study

1. Because the implications of the findings of this study are restricted to the participating subjects and the tool utilized, it would seem legitimate to recommend another study within the institution. This would involve the role functions in the categories of teaching, coordinating, administrative, and counseling activities.

2. The results of further investigation of these functions would be of interest not only to those involved in this setting but to other nurses in the Veterans' Administration system. Therefore, it is recommended that there be a study of the differences between the real and the ideal functions within each group in the position of staff nurse, head nurse/nurse coordinator, and supervisor.

3. Some of the nursing activities identified in this study may have been more meaningful if they had been condensed into a smaller number of activities. A similar

study could be done combining some of the activities. This would allow a broader range of functions within that activity.

4. To extrapolate beyond this data, possible areas of further research might include:

- a) Study of role perception relative to turnover and absentee rates
- b) Investigation of role perceptions in relation to identified needs' satisfaction

In summary, the findings of this study indicated that nurses perceived they were doing the nursing functions they thought to be appropriate tasks. Even though the study did not reveal significant differences among the nurses in each group, the difference indicated by the t test was significant from zero in all but direct nursing care and medical-legal activities.

". . . I do not wonder that when we inquire about life and its attributes, we reach a point where our knowing fails, and though that point is set further back with every advance of science, it is always there. So what we know is never the answer to what we want to know."

(Robert M. MacIver)



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## APPENDIXES

## APPENDIX A

MEMORANDUM

DATE: January 16, 1978

TO: Members, Research Committee  
Topeka V. A. Hospital

FROM: Sarah Belcher  
Nurse Epidemiologist, V. A. Hospital, Topeka, Kansas  
Graduate Student at Kansas State University, Manhattan, Kansas

PURPOSE: To seek approval to conduct a survey utilizing Staff Nurses, Head Nurse/Nurse Coordinators, and Supervisors in Nursing Service as subjects to obtain material to complete the research for a Doctor's Dissertation as partial fulfillment of the requirements for the degree Doctor of Philosophy, College of Education, Kansas State University, Manhattan, Kansas.

## TITLE OF DISSERTATION:

ROLE PERCEPTION BETWEEN REGISTERED STAFF NURSES, HEAD NURSE/  
NURSE COORDINATORS, AND SUPERVISORS IN RELATION TO THEIR "REAL"  
AND "IDEAL" PRESCRIBED ROLES.

PROJECT: In any organization of a nursing service there are designated roles which impact on other nursing roles. If the incumbent in any of these roles does not understand the limits and the flexibility of their own roles as well as the adjacent roles, there is an increased possibility of duplication of effort, failure to complete the work, dissatisfaction with oneself and with the other nurses, and a resultant lack of effectiveness as quality nursing care is provided.

Over a period of time various changes have taken place in

## APPENDIX A (continued)

Nursing Service at Topeka V. A. Hospital incorporating operational ideas of decentralization. Having made these changes, the concern is how do the nurses view their own roles and those of the nurses with whom they work.

The project is a study of comparisons and/or differences in the perceptions of specific prescriptions in relation to the position description. The methodology of the study will be a survey by questionnaire. A pilot study will be done at the V. A. Hospital in Kansas City and the in-depth study done by utilizing the Registered Nurses, on a voluntary basis, who are currently employed in said positions at Topeka V. A. Hospital.

The questionnaire is developed relative to the job responsibilities to establish what is actually done on the job and what they feel they should do as well as what they feel is "real" and "ideal" for the other two positions. The major items of responsibility are giving direct patient care, planning nursing care, medical-legal activities, administration, supervision, counseling, teaching, and coordinating activities. Information will also be collected on what the nurse derives from the job that gives him/her the greatest satisfaction as well as those factors that are the greatest source of dissatisfaction.

It is hypothesized that there is a significant difference in role perception among and between the groups, there is

## APPENDIX A (continued)

significant correlation in the consensus among the groups, and that there will be overlap and conflict in doing the same jobs. An analysis of variance will be utilized to analyze the data.

## APPENDIX B

EXCERPTS OF MINUTES OF THE RESEARCH AND DEVELOPMENT COMMITTEE  
January 16, 1978, 3:00 p.m.

MEMBERS PRESENT: D. Swiercinsky, Ph.D., Chairman (Psychology), G. Monto, M.D. Vice Chairman (Medicine), R. Gellar, M.D. (Psychiatry), N. Wong-surawat, M.D. (Medicine), G. Henderson (MAS), D. Schroeder, Ph.D. (Psychology), V. Holsteen (Social Work Service), M. Brown, R.N. (Nursing), W. M. Brownell, M.D. (COS), ex-officio member.

OTHERS PRESENT: B. Place (AA/COS), R. Lacoursiere, M.D. (Psychiatry), S. Belcher, R.N. (Nursing), and Herbert E. Spohn, Ph.D. Psychologist, Menninger Foundation.

7. NEW PROJECTS

a. Dr. Herbert Spohn reviewed for the committee his proposal entitled "The Effects of Anti-psychotic Drug Treatment on Psychological and Psychophysiological Dysfunction in Chronic Schizophrenics." This would be a three year study involving 50-60 VA patients (maximum of two patients/ward). It was pointed out that prior to activation, it would be necessary to appoint a VA staff person who would be collaborating on the project as a co-investigator. It was moved, seconded, and passed that approval be given to proceed with the NIMH grant proposal which if approved, would involve this hospital in the research project.

b. Mrs. Sarah Belcher, R.N. sought approval to conduct a survey utilizing Staff Nurses, Head Nurse Coordinators, and Supervisors in Nursing Service as voluntary subjects to obtain material to complete requirements for the degree Doctor of Philosophy, College of Education, Kansas State University, Manhattan, Kansas. The study would involve role perception between the different groups in relation to their "real" and "ideal" prescribed roles. It was moved, seconded, and passed that approval be given to proceed.

DENNIS SWIERCINSKY, PH.D.  
Chairman

APPROVED:

ROLAND R. HILL  
Hospital Director

## APPENDIX C

MEMORANDUM:

DATE: February 21, 1978

TO: Chief, Nursing Service--K.C.V.A.H.  
Members, Nursing Research Committee

FROM: Sarah Belcher--Nurse Epidemiologist, Topeka V.A.H.  
--Graduate Student, K.S.U.

PURPOSE: Meeting to discuss the Pilot Study utilizing Staff Nurses, Head Nurses, Nurse Coordinators, and Supervisors in Nursing Service as Subjects (on a voluntary basis) to determine the reliability of the questionnaire so that the in-depth study can be done at Topeka V. A. Hospital. This study is being done to complete the research project for a Doctor's Dissertation as partial fulfillment of the requirements for the degree of Doctor of Philosophy, College of Education, Kansas State University, Manhattan, Kansas.

## TITLE OF DISSERTATION:

ROLE PERCEPTION BETWEEN REGISTERED STAFF NURSES, HEAD NURSES, NURSE COORDINATORS, AND SUPERVISORS IN RELATION TO THEIR "REAL" AND "IDEAL" PRESCRIBED ROLES.

PROJECT: In any organization of a nursing service there are designated roles which impact on other nursing roles. If the incumbent in any of these roles does not understand the limits and the flexibilities of his/her own role as well as the adjacent roles, there is an increased possibility of duplication of effort, failure to complete the work, dissatisfaction with oneself and with other nurses, and a resultant lack of effectiveness as quality nursing care is provided.

Over a period of time various changes have taken place in Nursing Service at Topeka V. A. Hospital incorporating operational ideas of decentralization. Having made these changes, the concern is how do the nurses view their own role in the real situation, and how they think the ideal role should be.

This project is a study of comparisons and/or differences in the perception of specific prescriptions in relation to the position description. The methodology of the study will be a survey by questionnaire. Subjects will be the Registered Nurses, on a voluntary basis, that are currently employed in said positions at the Kansas City and Topeka V. A. Hospitals.



## APPENDIX C (continued)

The questionnaire is developed relative to the job responsibilities to establish what is actually done on the job and what they feel they should do. The major items of responsibility are giving direct patient care, planning nursing care, medical-legal activities, administration, supervision, counseling, teaching, and coordinating activities. Information will also be collected on what the nurse derives from the job that gives him/her the greatest satisfaction as well as those factors that are the greatest source of dissatisfaction. Demographic data will also be collected. Anonymity will be honored.

It is hypothesized that there is no significant difference in role perception among and between the groups, there is no significant correlation in the consensus among the groups, and that there will be no overlap or conflict in doing the same jobs. An analysis of variance will be utilized to analyze the data.

## APPENDIX D

KSU KANSAS STATE UNIVERSITY

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Department of Adult and Occupational Education  
College of Education  
Rolton Hall  
Manhattan, Kansas 66506

February 15, 1978

Dear Colleague,

All the registered professional nurses at this hospital are being asked to participate in a nursing study to determine differences in how nurses' roles and responsibilities are perceived.

As a participant, you are asked to describe how you see

- 1) your role at the present time, and
- 2) what you perceive to be an ideal situation.

Your responses will indicate how you see yourself functioning now--the "Real," and how you think you should function--the "Ideal."

"Real" is defined as present functioning.

"Ideal" is defined as that which you feel should be the function.

As you read each statement, indicate in Column I how you see yourself functioning in the "Real" situation by circling the appropriate number indicating that the statement is:

1. Definitely not a part of this role.
2. Part of the role on a limited basis.
3. Part of the role most of the time.
4. Definitely part of the role.
5. Undecided.

In Column II circle the appropriate number to indicate the "Ideal" function in relation to the statement, that it is:

1. Definitely not a part of this role.
2. Part of the role on a limited basis.
3. Part of the role most of the time.
4. Definitely a part of the role.
5. Undecided.

There are no right or wrong answers. You are being asked only to identify your role in your present position at this hospital as you see it now and as you think it should be.

## APPENDIX D (continued)

Thank you for your participating. Your anonymity will be honored. Information about the results will be made available to you as soon as the study is completed.

Sarah Belcher  
Nurse Epidemiologist  
V.A. Hospital, Topeka

## APPENDIX E

## QUESTIONNAIRE: ROLE PERCEPTION

"This survey is being conducted under guidelines established by Kansas State University. By cooperating, you will help the survey administrators find answers to important questions; however, your participation is strictly voluntary. You should omit any questions which you feel unduly invade your privacy or which are otherwise offensive to you. Confidentiality is guaranteed; your name will not be associated with your answers in any public or private report of the results."

| "Real"<br>COLUMN I                                                                     |    | Check your present position:                                                       | "Ideal"<br>COLUMN II                                                                   |  |
|----------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| Not a part<br>On a limited basis<br>Most of the time<br>Definitely a part<br>Undecided |    | Staff Nurse . . . . . _____                                                        | Not a part<br>On a limited basis<br>Most of the time<br>Definitely a part<br>Undecided |  |
|                                                                                        |    | Head Nurse . . . . . _____                                                         |                                                                                        |  |
|                                                                                        |    | Nurse Coordinator . . . . . _____                                                  |                                                                                        |  |
|                                                                                        |    | Supervisor . . . . . _____                                                         |                                                                                        |  |
| Follow directions on cover sheet                                                       |    |                                                                                    |                                                                                        |  |
| Statement of Function:                                                                 |    |                                                                                    |                                                                                        |  |
| 1 2 3 4 5                                                                              | 1. | Interview new patients to observe signs, symptoms, and behaviors.                  | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 2. | Conduct nursing care conferences.                                                  | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 3. | Transcribe and execute physicians' orders.                                         | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 4. | Schedule patients' appointments or activities with appropriate services.           | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 5. | Identify problems that impede patient care.                                        | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 6. | Responsible for development of standards for personnel management.                 | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 7. | Provide orientation for nursing staff.                                             | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 8. | Utilize appropriate principles of guidance in both formal and informal counseling. | 1 2 3 4 5                                                                              |  |
| 1 2 3 4 5                                                                              | 9. | Administer medications and treatments.                                             | 1 2 3 4 5                                                                              |  |

Continued on next page

## APPENDIX E (continued)

| "Real"                 |                    |                  |                   |           | "Ideal"   |                                                                                                                     |                    |                  |                   |           |   |
|------------------------|--------------------|------------------|-------------------|-----------|-----------|---------------------------------------------------------------------------------------------------------------------|--------------------|------------------|-------------------|-----------|---|
| COLUMN I               |                    |                  |                   |           | COLUMN II |                                                                                                                     |                    |                  |                   |           |   |
| Not a part             | On a limited basis | Most of the time | Definitely a part | Undecided |           | Not a part                                                                                                          | On a limited basis | Most of the time | Definitely a part | Undecided |   |
|                        |                    |                  |                   |           |           |                                                                                                                     |                    |                  |                   |           |   |
|                        |                    |                  |                   |           |           |                                                                                                                     |                    |                  |                   |           |   |
|                        |                    |                  |                   |           |           |                                                                                                                     |                    |                  |                   |           |   |
|                        |                    |                  |                   |           |           |                                                                                                                     |                    |                  |                   |           |   |
| Statement of Function: |                    |                  |                   |           |           |                                                                                                                     |                    |                  |                   |           |   |
| 1                      | 2                  | 3                | 4                 | 5         | 10.       | Be responsible for a safe and therapeutic environment for patients.                                                 | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 11.       | Observe work performance of nursing personnel.                                                                      | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 12.       | Schedule nursing staff meetings.                                                                                    | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 13.       | Utilize the performance evaluation as a tool for employee development.                                              | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 14.       | Actively participate in multidisciplinary health care planning.                                                     | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 15.       | Participate in direct nursing care with other team members.                                                         | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 16.       | Assume the responsibility and accountability for appropriate delegation of nursing care assignments.                | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 17.       | Prepare master staffing pattern and leave schedule.                                                                 | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 18.       | Initiate disciplinary action as appropriate.                                                                        | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 19.       | Evaluate equipment and supplies utilized by nursing staff in administering nursing care.                            | 1                  | 2                | 3                 | 4         | 5 |
| 1                      | 2                  | 3                | 4                 | 5         | 20.       | Is responsible for management and administration of nursing care activities on assigned unit for all tours of duty. | 1                  | 2                | 3                 | 4         | 5 |

Continued on next page

## APPENDIX E (continued)

| "Real"<br>COLUMN I     |                    |                  |                   |           |                                                                                                 | "Ideal"<br>COLUMN II |            |                    |                  |                   |           |
|------------------------|--------------------|------------------|-------------------|-----------|-------------------------------------------------------------------------------------------------|----------------------|------------|--------------------|------------------|-------------------|-----------|
| Not a part             | On a limited basis | Most of the time | Definitely a part | Undecided |                                                                                                 |                      | Not a part | On a limited basis | Most of the time | Definitely a part | Undecided |
| Statement of Function: |                    |                  |                   |           |                                                                                                 |                      |            |                    |                  |                   |           |
| 1                      | 2                  | 3                | 4                 | 5         | 21. Utilize the findings from the Quality Assurance Program to upgrade nursing care.            |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 22. Provide leadership in developing and implementing patient-family teaching programs.         |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 23. Observe and interact with individual and/or groups of patients.                             |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 24. Participate in planning for changes which affect nursing.                                   |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 25. Initiate and maintain current nursing care plans.                                           |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 26. Plan and implement in-service educational programs in collaboration with Nursing Education. |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 27. Accurately document significant information on patients' clinical records.                  |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 28. Consistently involve the patient in his plan of care.                                       |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 29. Interpret the role and responsibilities of Nursing Service to other disciplines.            |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 30. Identify learning needs of the nursing staff.                                               |                      | 1          | 2                  | 3                | 4                 | 5         |
| 1                      | 2                  | 3                | 4                 | 5         | 31. Use problem-solving approach in the resolution of interdepartmental problems.               |                      | 1          | 2                  | 3                | 4                 | 5         |

Continued on next page



## APPENDIX E (continued)

| <u>"Real"</u><br><u>COLUMN I</u> |                    |                  |                   |           |                                                                                                                        | <u>"Ideal"</u><br><u>COLUMN II</u> |                    |                  |                   |           |
|----------------------------------|--------------------|------------------|-------------------|-----------|------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|------------------|-------------------|-----------|
| Not a part                       | On a limited basis | Most of the time | Definitely a part | Undecided | Statement of Function:                                                                                                 | Not a part                         | On a limited basis | Most of the time | Definitely a part | Undecided |
|                                  |                    |                  |                   |           |                                                                                                                        |                                    |                    |                  |                   |           |
|                                  |                    |                  |                   |           |                                                                                                                        |                                    |                    |                  |                   |           |
|                                  |                    |                  |                   |           |                                                                                                                        |                                    |                    |                  |                   |           |
|                                  |                    |                  |                   |           |                                                                                                                        |                                    |                    |                  |                   |           |
| 1                                | 2                  | 3                | 4                 | 5         | 32. Perform individualized nursing care for category 1 patients.                                                       | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 33. Coordinate procurement and maintenance of equipment and supplies.                                                  | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 34. Evaluate both direct and indirect patient care given.                                                              | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 35. In transferring a patient, inform the nurse on the receiving ward of information pertinent to this patient's care. | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 36. Set priorities in scheduling off-ward activities for personnel.                                                    | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 37. The responsibility for identifying that every registered nurse has a current license to practice.                  | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 38. Recognize and encourage employee achievement.                                                                      | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 39. Maintain anecdotal notes.                                                                                          | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 40. Arrange conferences with interdisciplinary groups for discussion of unit problems.                                 | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 41. Participate in regularly scheduled unit nursing meetings.                                                          | 1                                  | 2                  | 3                | 4                 | 5         |
| 1                                | 2                  | 3                | 4                 | 5         | 42. Support research endeavors.                                                                                        | 1                                  | 2                  | 3                | 4                 | 5         |

Continued on next page

## APPENDIX E (continued)

| <u>"Real"</u><br><u>COLUMN I</u>                                                       |   |   |   |   | <u>"Ideal"</u><br><u>COLUMN II</u>                                                                       |   |   |   |   |   |
|----------------------------------------------------------------------------------------|---|---|---|---|----------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| Not a part<br>On a limited basis<br>Most of the time<br>Definitely a part<br>Undecided |   |   |   |   | Not a part<br>On a limited basis<br>Most of the time<br>Definitely a part<br>Undecided                   |   |   |   |   |   |
| Statement of Function:                                                                 |   |   |   |   |                                                                                                          |   |   |   |   |   |
| 1                                                                                      | 2 | 3 | 4 | 5 | 43. Interpret and promote adherence to established Hospital and Nursing Service policies and procedures. | 1 | 2 | 3 | 4 | 5 |
| 1                                                                                      | 2 | 3 | 4 | 5 | 44. Initiate corrective action for employees.                                                            | 1 | 2 | 3 | 4 | 5 |
| 1                                                                                      | 2 | 3 | 4 | 5 | 45. Prepare annual proficiency ratings.                                                                  | 1 | 2 | 3 | 4 | 5 |
| 1                                                                                      | 2 | 3 | 4 | 5 | 46. Develop nursing interventions and evaluate the outcome.                                              | 1 | 2 | 3 | 4 | 5 |
| 1                                                                                      | 2 | 3 | 4 | 5 | 47. Monitor activities of daily living.                                                                  | 1 | 2 | 3 | 4 | 5 |
| 1                                                                                      | 2 | 3 | 4 | 5 | 48. Contribute to the clinical learning experiences of students.                                         | 1 | 2 | 3 | 4 | 5 |

## APPENDIX E (continued)

PERSONAL DATA FORM

Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_ Marital status (check one)    single \_\_\_\_  
                                                                                                          married \_\_\_\_  
                                                                                                          separated \_\_\_\_  
                                                                                                          divorced \_\_\_\_  
                                                                                                          widowed \_\_\_\_

Basic nursing preparation: Diploma \_\_\_\_  
                                                                                                  A.D. \_\_\_\_  
                                                                                                  BSN \_\_\_\_

Date graduated from School of Nursing \_\_\_\_\_

Advanced education: Baccalaureate--Nursing \_\_\_\_  
                                                                                                  Baccalaureate--Other \_\_\_\_  
                                                                                                  Master's--Nursing \_\_\_\_  
                                                                                                  Master's--Other \_\_\_\_  
                                                                                                  Doctorate \_\_\_\_

Number of years of professional experience in hospitals \_\_\_\_\_

Number of years at present institution \_\_\_\_\_

Length of time in present position: Less than 1 year \_\_\_\_  
                                                                                                  1-3 years \_\_\_\_  
                                                                                                  4-6 years \_\_\_\_  
                                                                                                  7-10 years \_\_\_\_  
                                                                                                  11-15 years \_\_\_\_  
                                                                                                  16-20 years \_\_\_\_  
                                                                                                  Over 20 years \_\_\_\_

Current employment status: Full time \_\_\_\_  
                                                                                                  Part time \_\_\_\_

Present position: Staff Nurse \_\_\_\_  
                                                                                                  Head Nurse \_\_\_\_  
                                                                                                  Nurse Coordinator \_\_\_\_  
                                                                                                  Supervisor \_\_\_\_

Preferred area of practice:

Medical \_\_\_\_  
 Surgical \_\_\_\_  
 Psychiatric \_\_\_\_  
 Other \_\_\_\_

Currently working in:

Medical \_\_\_\_  
 Surgical \_\_\_\_  
 Psychiatric \_\_\_\_  
 Other \_\_\_\_

Continued on next page

## APPENDIX E (continued)

Please answer the following questions based upon your own personal working experiences at this hospital.



1. Currently, from what do you derive the greatest satisfaction in your job?



2. Currently, what is the greatest source of dissatisfaction in your job?

## APPENDIX F

KSU KANSAS STATE UNIVERSITY

Department of Adult and Occupational Education  
College of Education  
Holton Hall  
Manhattan, Kansas 66506

April 17, 1978

Dear Colleague,

All the registered professional nurses at this hospital are being asked to participate in a nursing study to determine differences in how nurses' roles and responsibilities are perceived.

As a participant, you are asked to describe how you see

- 1) your role at the present time, and
- 2) what you perceive to be an ideal situation.

Your responses will indicate how you see yourself functioning now--the "Real," and how you think you should function--the "Ideal."

"Real" is defined as present functioning.

"Ideal" is defined as that which you feel should be the function.

As you read each statement, indicate in Column I and Column II how you see yourself functioning in the "Real" and the "Ideal" situation by circling the appropriate number indicating that the statement is:

1. Definitely not a part of this role.
2. Part of the role on a limited basis.
3. Part of the role most of the time.
4. Definitely part of the role.
5. Undecided.

There are no right or wrong answers. You are being asked only to identify your role in your present position at this hospital as you see it now and as you think it should be.

Thank you for your participation. Your anonymity will be honored. Information about the results will be made available to you as soon as the study is completed.

Sincerely,

Sarah Belcher  
Nurse Epidemiologist  
V. A. Hospital, Topeka

# APPENDIX G

## QUESTIONNAIRE: ROLE PERCEPTION

Frequencies of the Responses for the Functions  
in the Real and the Ideal Role

| <u>"Real"</u><br>COLUMN I |                    | <u>"Ideal"</u><br>COLUMN II |                   |           |         |   |
|---------------------------|--------------------|-----------------------------|-------------------|-----------|---------|---|
| Not a part                | On a limited basis | Most of the time            | Definitely a part | Undecided | Missing |   |
| 9                         | 21                 | 4                           | 74                | 1         |         | 1 |
| 12                        | 37                 | 12                          | 47                | 1         |         | 2 |
| 5                         | 18                 | 14                          | 69                | 3         |         | 3 |
| 50                        | 37                 | 6                           | 14                | 2         |         | 6 |
| 2                         | 15                 | 19                          | 72                | 1         |         | 5 |
| 39                        | 32                 | 7                           | 24                | 1         |         | 8 |

1. Interview new patients to observe signs, symptoms, and behaviors.
2. Conduct nursing care conferences.
3. Transcribe and execute physicians' orders.
4. Schedule patients' appointments or activities with appropriate services.
5. Identify problems that impede patient care.
6. Responsible for development of standards for personnel management.



|    |    |    |    |   |   |    |    |    |    |   |   |
|----|----|----|----|---|---|----|----|----|----|---|---|
| 6  | 34 | 12 | 55 | 2 |   | 7  | 19 | 8  | 69 | 1 | 5 |
| 4  | 41 | 18 | 42 | 1 | 2 | 3  | 17 | 5  | 77 | 1 | 6 |
| 4  | 31 | 13 | 60 | 1 |   | 8  | 27 | 9  | 59 | 1 | 5 |
|    | 7  | 9  | 91 | 2 |   | 2  | 4  | 6  | 93 |   | 4 |
| 1  | 16 | 15 | 76 | 1 |   | 3  | 8  | 4  | 90 |   | 4 |
| 62 | 19 | 7  | 20 | 1 |   | 34 | 21 | 8  | 38 | 4 | 4 |
| 20 | 29 | 22 | 56 | 2 |   | 8  | 8  | 14 | 71 | 2 | 6 |
| 17 | 24 | 19 | 46 | 1 | 2 | 1  | 10 | 5  | 88 |   |   |
| 4  | 23 | 11 | 68 | 1 |   | 2  | 9  | 9  | 84 | 1 | 4 |
| 1  | 14 | 14 | 77 | 1 | 2 | 2  | 9  | 5  | 89 |   | 4 |
| 74 | 14 | 2  | 18 | 1 |   | 53 | 17 | 6  | 23 | 6 | 4 |
| 41 | 27 | 9  | 30 | 2 |   | 22 | 28 | 10 | 41 | 4 | 4 |

# APPENDIX C (continued)

|    |    |    |    |   |     |                                                                                                                     |    |    |    |    |   |   |
|----|----|----|----|---|-----|---------------------------------------------------------------------------------------------------------------------|----|----|----|----|---|---|
| 9  | 41 | 21 | 37 | 1 | 19. | Evaluate equipment and supplies utilized by nursing staff in administering nursing care.                            | 6  | 14 | 19 | 65 | 1 | 4 |
| 53 | 26 | 6  | 23 | 1 | 20. | Is responsible for management and administration of nursing care activities on assigned unit for all tours of duty. | 35 | 22 | 13 | 28 | 6 | 5 |
| 12 | 39 | 23 | 30 | 2 | 21. | Utilize the findings from the Quality Assurance Program to upgrade nursing care.                                    |    | 12 | 8  | 84 | 1 | 4 |
| 16 | 42 | 26 | 22 | 3 | 22. | Provide leadership in developing and implementing patient-family teaching programs.                                 | 4  | 8  | 13 | 77 | 2 | 5 |
| 3  | 20 | 22 | 58 | 2 | 23. | Observe and interact with individual and/or groups of patients.                                                     |    | 3  | 8  | 89 | 2 | 7 |
| 32 | 39 | 15 | 10 | 3 | 24. | Participate in planning for changes which affect nursing.                                                           | 3  | 8  | 7  | 84 | 2 | 5 |
| 9  | 21 | 16 | 60 | 3 | 25. | Initiate and maintain current nursing care plans.                                                                   | 6  | 8  | 5  | 84 | 2 | 4 |
| 27 | 52 | 11 | 14 | 5 | 26. | Plan and implement in-service educational programs in collaboration with Nursing Education.                         | 6  | 24 | 20 | 50 | 2 | 7 |
| 4  | 11 | 17 | 73 | 4 | 27. | Accurately document significant information on patients' clinical records.                                          | 4  | 7  | 3  | 90 | 1 | 4 |
| 9  | 29 | 34 | 33 | 4 | 28. | Consistently involve the patient in his plan of care.                                                               | 6  | 4  | 14 | 79 | 1 | 5 |
| 26 | 30 | 20 | 27 | 2 | 29. | Interpret the role and responsibilities of Nursing Service to other disciplines.                                    | 7  | 20 | 11 | 62 | 5 | 4 |

Continued on next page

# APPENDIX G (continued)

|    |    |    |    |   |                                                                                                                        |    |    |    |    |   |
|----|----|----|----|---|------------------------------------------------------------------------------------------------------------------------|----|----|----|----|---|
| 5  | 39 | 29 | 33 | 3 | 30. Identify learning needs of the nursing staff.                                                                      | 3  | 7  | 20 | 75 | 4 |
| 34 | 36 | 19 | 15 | 1 | 31. Use problem-solving approach in the resolution of interdepartmental problems.                                      | 15 | 14 | 13 | 54 | 5 |
| 10 | 26 | 13 | 54 | 6 | 32. Perform individualized nursing care for category I patients.                                                       | 8  | 11 | 10 | 71 | 7 |
| 32 | 36 | 17 | 19 | 5 | 33. Coordinate procurement and maintenance of equipment and supplies.                                                  | 29 | 29 | 13 | 28 | 7 |
| 4  | 15 | 29 | 56 | 5 | 34. Evaluate both direct and indirect patient care given.                                                              | 1  | 4  | 10 | 87 | 6 |
| 7  | 10 | 8  | 80 | 4 | 35. In transferring a patient, inform the nurse on the receiving ward of information pertinent to this patient's care. | 7  | 5  | 2  | 89 | 5 |
| 34 | 24 | 9  | 33 | 3 | 36. Set priorities in scheduling off-ward activities for personnel.                                                    | 23 | 9  | 12 | 52 | 7 |
| 76 | 4  | 4  | 19 | 2 | 37. The responsibility for identifying that every registered nurse has a current license to practice.                  | 70 | 7  | 1  | 21 | 5 |
| 10 | 20 | 27 | 48 | 4 | 38. Recognize and encourage employee achievement.                                                                      | 4  | 6  | 16 | 77 | 5 |
| 13 | 27 | 25 | 36 | 2 | 39. Maintain anecdotal notes.                                                                                          | 7  | 9  | 19 | 63 | 7 |
| 50 | 24 | 5  | 23 | 2 | 40. Arrange conferences with interdisciplinary groups for discussion of unit problems.                                 | 33 | 12 | 11 | 82 | 5 |

# APPENDIX G (continued)

|    |    |    |    |   |                                                                                                          |    |    |    |    |   |   |
|----|----|----|----|---|----------------------------------------------------------------------------------------------------------|----|----|----|----|---|---|
| 13 | 24 | 18 | 50 | 4 | 41. Participate in regularly scheduled unit nursing meetings.                                            | 2  | 8  | 11 | 82 | 1 | 5 |
| 24 | 43 | 13 | 21 | 2 | 42. Support research endeavors.                                                                          | 7  | 17 | 18 | 57 | 2 | 8 |
| 5  | 14 | 24 | 58 | 2 | 43. Interpret and promote adherence to established Hospital and Nursing Service policies and procedures. | 4  | 6  | 18 | 71 | 3 | 7 |
| 30 | 30 | 11 | 32 | 6 | 44. Initiate corrective action for employees.                                                            | 23 | 18 | 13 | 46 | 2 | 7 |
| 36 | 29 | 9  | 30 | 6 | 45. Prepare annual proficiency ratings.                                                                  | 24 | 16 | 12 | 46 | 3 | 8 |
| 11 | 23 | 23 | 46 | 6 | 46. Develop nursing interventions and evaluate the outcome.                                              | 4  | 5  | 17 | 75 | 2 | 6 |
| 10 | 23 | 19 | 51 | 1 | 47. Monitor activities of daily living.                                                                  | 9  | 12 | 19 | 60 | 3 | 6 |
| 29 | 28 | 16 | 29 | 1 | 48. Contribute to the clinical learning experiences of students.                                         | 18 | 13 | 21 | 45 | 5 | 7 |

## APPENDIX H

TABLE 49.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for  
Direct Nursing Care Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 1<br>(Real)    |        | Reject | St.   | 3.42   |
|                   |        |        | HNC   | 2.80   |
|                   |        |        | Sup.  | 1.75   |
| II, 1<br>(Ideal)  |        | Reject | St.   | 3.75   |
|                   |        |        | HNC   | 3.10   |
|                   |        |        | Sup.  | 2.08   |
| III, 1<br>(Diff.) | Retain |        | St.   | -0.35  |
|                   |        |        | Sup.  | -0.33  |
|                   |        |        | HNC   | -0.29  |

t test reveals Average of -0.34 Difference  
 Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
 HNC (Head nurse/nurse coordinators)  
 St. (Staff nurses)

## APPENDIX H (continued)

TABLE 50.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for  
Planning Nursing Care Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 2<br>(Real)    |        | Reject | St.   | 3.27   |
|                   |        |        | HNC   | 2.87   |
|                   |        |        | Sup.  | 1.81   |
| II, 2<br>(Ideal)  |        | Reject | St.   | 3.79   |
|                   |        |        | HNC   | 3.34   |
|                   |        |        | Sup.  | 2.00   |
| III, 2<br>(Diff.) | Retain |        | HNC   | -0.67  |
|                   |        |        | St.   | -0.53  |
|                   |        |        | Sup.  | -0.19  |

t test reveals Average of -0.53 Difference  
 Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
 HNC (Head nurse/nurse coordinators)  
 St. (Staff nurses)



## APPENDIX H (continued)

TABLE 51.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for Medical-Legal Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 3<br>(Real)    |        | Reject | HNC   | 3.37   |
|                   |        |        | St.   | 3.28   |
|                   |        |        | Sup.  | 2.56   |
| II, 3<br>(Ideal)  |        | Reject | St.   | 3.42   |
|                   |        |        | HNC   | 3.37   |
|                   |        |        | Sup.  | 2.69   |
| III, 3<br>(Diff.) | Retain |        | St.   | -0.15  |
|                   |        |        | Sup.  | -0.14  |
|                   |        |        | HNC   | -0.00  |

t test reveals Average of -0.12 Difference  
Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
HNC (Head nurse/nurse coordinators)  
St. (Staff nurses)

## APPENDIX H (continued)

TABLE 52.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for Administrative Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 4<br>(Real)    |        | Reject | HNC   | 3.32   |
|                   |        |        | Sup.  | 2.44   |
|                   |        |        | St.   | 2.07   |
| II, 4<br>(Ideal)  |        | Reject | HNC   | 3.69   |
|                   |        |        | St.   | 2.67   |
|                   |        |        | Sup.  | 2.67   |
| III, 4<br>(Diff.) | Retain |        | St.   | -0.61  |
|                   |        |        | HNC   | -0.37  |
|                   |        |        | Sup.  | -0.22  |

t test reveals Average of -0.55 Difference  
Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
HNC (Head nurse/nurse coordinators)  
St. (Staff nurses)

## APPENDIX H (continued)

TABLE 53.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for Coordinating Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 5<br>(Real)    |        | Reject | HNC   | 2.81   |
|                   |        |        | Sup.  | 2.50   |
|                   |        |        | St.   | 1.93   |
| II, 5<br>(Ideal)  |        | Reject | HNC   | 3.46   |
|                   |        |        | Sup.  | 2.89   |
|                   |        |        | St.   | 2.72   |
| III, 5<br>(Diff.) | Retain |        | St.   | -0.79  |
|                   |        |        | HNC   | -0.65  |
|                   |        |        | Sup.  | -0.39  |

t test reveals Average of -0.75 Difference  
Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
HNC (Head nurse/nurse coordinators)  
St. (Staff nurses)

## APPENDIX H (continued)

TABLE 54.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for Supervisory Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 6<br>(Real)    | Retain |        | HNC   | 3.44   |
|                   |        |        | St.   | 3.13   |
|                   |        |        | Sup.  | 2.94   |
| II, 6<br>(Ideal)  | Retain |        | HNC   | 3.83   |
|                   |        |        | St.   | 3.67   |
|                   |        |        | Sup.  | 3.44   |
| III, 6<br>(Diff.) | Retain |        | St.   | -0.54  |
|                   |        |        | Sup.  | -0.50  |
|                   |        |        | HNC   | -0.40  |

t test reveals Average of -0.51 Difference  
Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
HNC (Head nurse/nurse coordinators)  
St. (Staff nurses)

## APPENDIX H (continued)

TABLE 55.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for Counseling Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 7<br>(Real)    |        | Reject | HNC   | 3.65   |
|                   |        |        | Sup.  | 3.17   |
|                   |        |        | St.   | 2.34   |
| II, 7<br>(Ideal)  |        | Reject | HNC   | 3.94   |
|                   |        |        | Sup.  | 3.81   |
|                   |        |        | St.   | 2.94   |
| III, 7<br>(Diff.) | Retain |        | Sup.  | -0.64  |
|                   |        |        | St.   | -0.61  |
|                   |        |        | HNC   | -0.29  |

t test reveals Average of -0.55 Difference  
Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
HNC (Head nurse/nurse coordinators)  
St. (Staff nurses)

## APPENDIX H (continued)

TABLE 56.--Summarization of Data Relating to Retention or Rejection of the Hypothesis According to ANOVA and the Means as Analyzed by Fisher's Least Significant Difference for Teaching Activities

| Hypothesis        | Retain | Reject | Group | Means* |
|-------------------|--------|--------|-------|--------|
| I, 8<br>(Real)    | Retain |        | HNC   | 2.76   |
|                   |        |        | Sup.  | 2.69   |
|                   |        |        | St.   | 2.49   |
| II, 8<br>(Ideal)  |        | Reject | HNC   | 3.74   |
|                   |        |        | Sup.  | 3.33   |
|                   |        |        | St.   | 3.27   |
| III, 8<br>(Diff.) | Retain |        | HNC   | -0.98  |
|                   |        |        | St.   | -0.80  |
|                   |        |        | Sup.  | -0.64  |

t test reveals Average of -0.82 Difference  
Between the Real and the Ideal Functions

\*Bar group means that are not significantly different as determined by Fisher's Least Significant Difference.

LEGEND

Groups: Sup. (Supervisors)  
HNC (Head nurse/nurse coordinators)  
St. (Staff nurses)



# APPENDIX J

Means and Standard Deviations for the Responses to each Question in the Real and the Ideal Role

| Real  |                    | Statement of Function                                                                  | Ideal |                    |
|-------|--------------------|----------------------------------------------------------------------------------------|-------|--------------------|
| Mean  | Standard Deviation |                                                                                        | Mean  | Standard Deviation |
| 3.324 | 1.057              | 1. Interview new patients to observe signs, symptoms, and behaviors.                   | 3.676 | 0.791              |
| 2.870 | 1.103              | 2. Conduct nursing care conferences.                                                   | 3.600 | 0.850              |
| 3.387 | 0.932              | 3. Transcribe and execute physicians' orders.                                          | 3.450 | 1.019              |
| 1.850 | 1.017              | 4. Schedule patients' appointments or activities with appropriate services.            | 1.825 | 1.052              |
| 3.491 | 0.803              | 5. Identify problems that impede patient care.                                         | 3.875 | 0.456              |
| 2.184 | 1.203              | 6. Responsible for development of standards for personnel management.                  | 2.891 | 1.174              |
| 3.084 | 1.029              | 7. Provide orientation for nursing staff.                                              | 3.365 | 1.015              |
| 2.935 | 1.003              | 8. Utilize appropriate principles of guidance in both formal and informal counselling. | 3.544 | 0.883              |

# APPENDIX J (continued)

| Real  |                    | Statement of Function                                                                                    | Ideal |                    |
|-------|--------------------|----------------------------------------------------------------------------------------------------------|-------|--------------------|
| Mean  | Standard Deviation |                                                                                                          | Mean  | Standard Deviation |
| 3.194 | 0.981              | 9. Administer medications and treatments.                                                                | 3.173 | 1.074              |
| 3.785 | 0.550              | 10. Be responsible for a safe and therapeutic environment for patients.                                  | 3.810 | 0.590              |
| 3.537 | 0.779              | 11. Observe work performance of nursing personnel.                                                       | 3.724 | 0.727              |
| 1.861 | 1.172              | 12. Schedule nursing staff meetings.                                                                     | 2.590 | 1.364              |
| 2.692 | 1.128              | 13. Utilize the performance evaluation as a tool for employee development.                               | 3.495 | 0.959              |
| 2.907 | 1.154              | 14. Actively participate in multidisciplinary health care planning.                                      | 3.731 | 0.672              |
| 3.324 | 0.955              | 15. Participate in direct nursing care with other team members.                                          | 3.695 | 0.722              |
| 3.589 | 0.764              | 16. Assume the responsibility and accountability for appropriate delegation of nursing care assignments. | 3.724 | 0.700              |
| 1.667 | 1.127              | 17. Prepare master staffing pattern and leave schedule.                                                  | 2.162 | 1.395              |
| 2.262 | 1.239              | 18. Initiate disciplinary action as appropriate.                                                         | 2.781 | 1.271              |

Continued on next page

APPENDIX J (continued)

| Real  |                    | Statement of Function                                                                                                   | Ideal |                    |
|-------|--------------------|-------------------------------------------------------------------------------------------------------------------------|-------|--------------------|
| Mean  | Standard Deviation |                                                                                                                         | Mean  | Standard Deviation |
| 2.796 | 1.012              | 19. Evaluate equipment and supplies utilized by nursing staff in administering nursing care.                            | 3.390 | 0.935              |
| 1.991 | 1.188              | 20. Is responsible for management and administration of nursing care activities on assigned unit for all tours of duty. | 2.500 | 1.351              |
| 2.726 | 1.056              | 21. Utilize the findings from the Quality Assurance Program to upgrade nursing care.                                    | 3.705 | 0.678              |
| 2.509 | 0.998              | 22. Provide leadership in developing and implementing patient-family teaching programs.                                 | 3.625 | 0.815              |
| 3.343 | 0.908              | 23. Observe and interact with individual and/or groups of patients.                                                     | 3.882 | 0.451              |
| 2.217 | 1.078              | 24. Participate in planning for changes which affect nursing.                                                           | 3.712 | 0.759              |
| 3.198 | 1.037              | 25. Initiate and maintain current nursing care plans.                                                                   | 3.648 | 0.877              |
| 2.115 | 0.948              | 26. Plan and implement in-service educational programs in collaboration with Nursing Education.                         | 3.176 | 1.009              |
| 3.514 | 0.833              | 27. Accurately document significant information on patients' clinical records.                                          | 3.733 | 0.763              |

# APPENDIX J (continued)

| Real  |                    | Statement of Function                                                                                                  | Ideal |                    |
|-------|--------------------|------------------------------------------------------------------------------------------------------------------------|-------|--------------------|
| Mean  | Standard Deviation |                                                                                                                        | Mean  | Standard Deviation |
| 2.867 | 0.961              | 28. Consistently involve the patient in his plan of care.                                                              | 3.625 | 0.827              |
| 2.514 | 1.178              | 29. Interpret the role and responsibilities of Nursing Service to other disciplines.                                   | 3.362 | 1.057              |
| 2.849 | 0.924              | 30. Identify learning needs of the nursing staff.                                                                      | 3.590 | 0.743              |
| 2.171 | 1.069              | 31. Use problem-solving approach in the resolution of inter-departmental problems.                                     | 3.250 | 1.221              |
| 3.078 | 1.082              | 32. Perform individualized nursing care for category I patients.                                                       | 3.471 | 0.992              |
| 2.221 | 1.079              | 33. Coordinate procurement and maintenance of equipment and supplies.                                                  | 2.480 | 1.249              |
| 3.317 | 0.862              | 34. Evaluate both direct and indirect patient care given.                                                              | 3.806 | 0.561              |
| 3.533 | 0.921              | 35. In transferring a patient, inform the nurse on the receiving ward of information pertinent to this patient's care. | 3.692 | 0.860              |
| 2.485 | 1.320              | 36. Set priorities in scheduling off-ward activities for personnel.                                                    | 3.088 | 1.321              |

APPENDIX J (continued)

| Real  |                    | Statement of Function                                                                                    | Ideal |                    |
|-------|--------------------|----------------------------------------------------------------------------------------------------------|-------|--------------------|
| Mean  | Standard Deviation |                                                                                                          | Mean  | Standard Deviation |
| 1.733 | 1.265              | 37. The responsibility for identifying that every registered nurse has a current license to practice.    | 1.885 | 1.389              |
| 3.076 | 1.016              | 38. Recognize and encourage employee achievement.                                                        | 3.625 | 0.778              |
| 2.874 | 1.091              | 39. Maintain anecdotal notes.                                                                            | 3.471 | 0.962              |
| 2.067 | 1.264              | 40. Arrange conferences with interdisciplinary groups for discussion of unit problems.                   | 2.735 | 1.400              |
| 3.000 | 1.101              | 41. Participate in regularly scheduled unit nursing meetings.                                            | 3.692 | 0.712              |
| 2.359 | 1.110              | 42. Support research endeavors.                                                                          | 3.297 | 1.005              |
| 3.369 | 0.918              | 43. Interpret and promote adherence to established Hospital and Nursing Service policies and procedures. | 3.618 | 0.809              |
| 2.437 | 1.210              | 44. Initiate corrective action for employees.                                                            | 2.863 | 1.267              |
| 2.317 | 1.225              | 45. Prepare annual proficiency ratings.                                                                  | 2.881 | 1.298              |
| 3.010 | 1.052              | 46. Develop nursing interventions and evaluate the outcome.                                              | 3.641 | 0.778              |
| 3.096 | 1.066              | 47. Monitor activities of daily living.                                                                  | 3.350 | 1.026              |
| 2.466 | 1.203              | 48. Contribute to the clinical learning experiences of students.                                         | 3.059 | 1.217              |

## VITA

## PERSONAL DATA

Name: Sarah Warfel Belcher  
 Birthdate: July 28, 1920  
 Birthplace: Sabetha, Kansas

## PROFESSIONAL DATA

High School Diploma: Topeka High School  
 Topeka, Kansas. June 1938  
 Diploma in Nursing: Christ's Hospital School of Nursing  
 Topeka, Kansas. September 1941  
 Bachelor of Arts: Washburn University  
 Topeka, Kansas. June 1954  
 Major: Psychology  
 Master of Science Degree: Emporia State College  
 Emporia, Kansas. June 1967  
 Major: Education  
 Doctoral Study: Kansas State University  
 Manhattan, Kansas  
 January 1974 - June 1979  
 Specialization: Adult and  
 Occupational Education

## EMPLOYMENT EXPERIENCE

Staff Nurse Christ's Hospital, Topeka, Kansas  
 October 1941 - November 1942  
 Private Duty and Polio Nursing Topeka area  
 November 1942 - October 1943  
 Night Supervisor Christ's Hospital, Topeka, Kansas  
 November 1943 - January 1946  
 Obstetrics Supervisor Stormont Hospital, Topeka, Kansas  
 October 1946 - February 1948  
 Vail Hospital, Topeka, Kansas  
 March 1948 - September 1951  
 Head Nurse Winter V.A. Hospital, Topeka, Kansas  
 September 1951 - January 1955



|                             |                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------|
| Clinical Instructor         | Stormont-Vail School of Nursing<br>Topeka, Kansas<br>January 1955 - January 1956      |
| Educational Director        | Stormont-Vail School of Nursing<br>January 1956 - January 1965                        |
| Director, School of Nursing | Stormont-Vail School of Nursing<br>January 1965 - February 1976                       |
| Nurse Epidemiologist        | Veterans' Administration Medical Center<br>Topeka, Kansas<br>February 1976 to present |

#### PROFESSIONAL AFFILIATIONS

American Nurses Association  
 National League for Nursing  
 Kansas Adult Education Association  
 Washburn Alumni  
 Emporia State Alumni  
 Christ's Hospital S. of N. Alumni Association  
 Stormont-Vail School of Nursing  
     Advisory Council  
 Association for Practitioners in  
     Infection Control  
 K. C. area APIC  
 Topeka Infection Control Nurses Group  
 Seroptomist Club

ROLE PERCEPTION BETWEEN REGISTERED STAFF NURSES,  
HEAD NURSE/NURSE COORDINATORS, AND SUPERVISORS  
IN THE REAL AND THE IDEAL FUNCTIONS

by

SARAH WARFEL BELCHER

B.A., Washburn University, 1956  
M.S., Kansas State Teachers College, 1966

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AN ABSTRACT OF A DOCTOR'S DISSERTATION

submitted in partial fulfillment of the  
requirements for the degree

DOCTOR OF PHILOSOPHY

College of Education

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

1979

ROLE PERCEPTION BETWEEN REGISTERED STAFF NURSES,  
HEAD NURSE/NURSE COORDINATORS, AND SUPERVISORS  
IN THE REAL AND THE IDEAL FUNCTIONS

by

Sarah W. Belcher, R.N. M.S.

Dr. Gary Green, Major Advisor

ABSTRACT

Purpose

The purpose of this study was to ascertain the relationship of the "real" and the "ideal" role of the nurse as perceived by the individuals employed in the positions of staff nurses, head nurse/nurse coordinators, and supervisors at Veterans' Administration Hospital, Topeka, Kansas.

Hypothesis

There is no significant difference between the scores relating to the perception of the real functions performed and the ideal functions of staff nurses, head nurse/nurse coordinators, and supervisors according to the eight scales of nursing activities. The activities were identified as direct nursing care, nursing care planning, medical-legal, administrative, supervisory, counseling, teaching, and coordinating activities.

It was also hypothesized that there is no significant

difference between scores relating to the perception of the real functions performed and the ideal functions among the same nurses for the eight nursing activities.

### Methods and Procedures

Data for the study were gathered through the use of a questionnaire which was completed on a voluntary basis by nurses in the stated positions. The variables were determined from the functions identified in the job descriptions and nursing literature. Content was validated by a panel of experts in nursing. A pilot study was conducted at Veterans' Administration Hospital, Kansas City.

Four statistical measures were used to analyze the data. 1) Analyses of variance was applied to determine the significant differences between the groups for the real, the ideal, and the difference scores on each of the eight scales. 2) The alpha coefficient reliability analysis was used for the eight scales of the real and ideal functions. 3) Fisher's Least Significant Difference analysis was applied on all scales. 4) The t test was used on the mean difference scores. The .05 level of significance was used.

### Findings and Conclusions

The statistical analysis revealed that there was a significant difference between the real and the ideal functions in six of the eight nursing activities. The difference scores, as determined by Fisher's Least Significant Difference, revealed there was no significant difference between

these scores in any of the eight nursing activities. For the most part, nurses believed that their real functions compared favorably with their ideal function in the areas of direct nursing care and medical-legal activities.

Even though the members of each of the groups did not show a significant difference of opinion among themselves, the t test indicated that nurses perceived the real role less than the ideal role. This was particularly true in the activities of teaching, coordinating, counseling, and administrative activities. The areas of supervising and planning nursing care were scored numerically lower in the real situation than they were in the ideal perception.

### Recommendations

The findings of this study were restricted to the participating subjects. Another study limited to the same institution for the purpose of examining the role functions in the categories of teaching, coordinating, administrative, and counseling activities might be meaningful.

The results of further investigation of these nursing functions could be of interest to other nurses in the Veterans' Administration system. Therefore, a study of the differences between the real and the ideal role functions within each group in the three stated positions might be conducted.

To extrapolate beyond this data, further research might include (1) role perception relative to turnover and

absentee rates, and (2) investigation of role perceptions in relation to identified needs' satisfaction.



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Belcher, Sarah Warfel, 1920-

Role perception between  
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